

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153539

Entity Name: AQUATIC SAFETY ASSOCIATES, INC.

FILED
Apr 15, 2007
Secretary of State

Current Principal Place of Business:

26140 HICKORY BLVD
601
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2625
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 22-3254311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCENKO, LARISSA
26140 HICKORY BLVD SILVER SANDS
601
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUCENKO, LEONARD K
Address: P.O.BOX 2625
City-St-Zip: BONITA SPRINGS, FL 34133

Title: EV () Delete
Name: TOBIN, RICHARD P
Address: 97 RUSSLING RD
City-St-Zip: INDEPENDENCE, NJ 07840

Title: ST () Delete
Name: LUCENKO, LARISSA
Address: P.O.BOX 2625
City-St-Zip: BONITA SPRINGS, FL 34133

Title: V () Delete
Name: TOBIN, SUSAN
Address: 97 RUSSLING RD
City-St-Zip: INDEPENDENCE, NJ 37840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARISSA LUCENKO

ST

04/15/2007

Electronic Signature of Signing Officer or Director

Date