2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153539

Entity Name: AQUATIC SAFETY ASSOCIATES, INC.

FILED Jan 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
26140 HIG	CKORY BLVD	1			
# 601					
BONITA S	SPRINGS, FL	34134			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O.BOX 2 BONITA S	2625 SPRINGS, FL	34133			
FEI Number	: 22-3254311	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
	D, LARISSA	OIL VED CANDO			
# 601		SILVER SANDS			
BONITAS	SPRINGS, FL	34134 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	DE:				
SIGNATO		nic Signature of Registered Ag	ont	 Date	
	Electio	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	Р () Delete	Title:	() Change () Addition	
Name:	LUCENKO, LE		Name:	()3- ()	
Address:	P.O.BOX 2625	i.	Address:		
City-St-Zip:	BONITA SPRIN	NGS, FL 34133	City-St-Zip:		
Title:	EV () Delete	Title:	() Change () Addition	
Name:	TOBIN, RICHA	RD P	Name:	- , ,	
Address:	97 RUSSLING	RD	Address:		
City-St-Zip:	INDEPENDEN	CE, NJ 07840	City-St-Zip:		
Title:	ST () Delete	Title:	() Change () Addition	
Name:	LUCENKO, LARISSA		Name:		
Address:	ess: P.O.BOX 2625		Address:		
City-St-Zip:	BONITA SPRIN	NGS, FL 34133	City-St-Zip:		
Title:	٧ () Delete	Title:	() Change () Addition	
Name:	TOBIN, SUSAN	I	Name:		
Address:	97 RUSSLING	RD	Address:		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: LEONARD K. LUCENKO MR. 01/20/2008

INDEPENDENCE, NJ 37840

City-St-Zip: