2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000154900

FILED Apr 29, 2009 Secretary of State

Entity Name: AQUANAUT POOL SERVICE AND PRESSURE CLEANING, INC.

Current Principal Place of Business: New Principal Place of Business:

3640 NW 116TH TERRACE 4232 NW120 LANE SUNRISE, FL 33323 SUNRISE, FL 33323

Current Mailing Address: New Mailing Address:

3640 NW 116TH TERRACE 4232 NW 120 LANE SUNRISE, FL 33323 SUNRISE, FL 33323

FEI Number: 80-0093662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRASHAD, ROHAN
3640 NW 116TH TERRACE
SUNRISE, FL 33323 US

PRASHAD, ROHAN
4232 NW 120 LANE
SUNRISE, FL 33323 US

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: ROHAN PRASHAD 04/29/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 PRASHAD, ROHAN
 Name:
 PRASHAD, ROHAN

 Address:
 3640 NW 116TH TERRACE
 Address:
 4232 NW 120 LANE

 City-St-Zip:
 SUNRISE, FL 33323
 City-St-Zip:
 SUNRISE, FL 33323

Title: DVS () Delete Title: DVS (X) Change () Addition

 Name:
 PRASHAD, SELOCHONI
 Name:
 PRASHAD, SELOCHONI

 Address:
 3640 NW 116TH TERRACE
 Address:
 4232 NW 120 LANE

 City-St-Zip:
 SUNRISE, FL 33323
 City-St-Zip:
 SUNRISE, FL 33323

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.

SIGNATURE: ROHAN PRASHAD DPT 04/29/2009