

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90133-035-\$150.00-\$150.00

DOCUMENT # P04000049737 1. Entity Name AQUATICS MANAGEMENT INTERNATIONAL, INC.					
Principal Place of Business PO BOX 453 FT LAUDERDALE, FL 33308			Mailing Address PO BOX 453 FT LAUDERDALE, FL 33308		
2. Principal Place of Business 501 Seabreeze Avenue Suite, Apt. #, etc.		3. Mailing Address 501 Seabreeze Avenue Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL Zip 33316		City & State Ft. Lauderdale, FL Zip 33316		4. FEI Number 20-0937521	
Country Broward		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name Richard L. Rosenbaum Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd., #1700 City Ft. Lauderdale FL Zip Code 33301	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Richard L. Rosenbaum 10/5/05 9/1/05 <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DILLON, MICHAEL D PO BOX 453 FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DILLON, BARBARA J PO BOX 453 FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature] PRESIDENT 9-1-05 (954) 593-5802 <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9-1-05 Daytime Phone (954) 593-5802		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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