2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068968

1. Entity Name

AQUATIC TECHNOLOGIES DESIGN & ENGINEERING GROUP, INC.



FILED Feb 15, 2007 08:00 Al Secretary of State

Principal Place of Business

4450 S.W. 61ST AVE., UNIT 7 DAVIE, FL 33314

Mailing Address

4450 S.W. 61ST AVE., UNIT 7 DAVIE, FL 33314



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1953042 Not Applicable

5. Certificate of Status Desired

01302007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GREENBLATT, LYON J 8000 PETERS RD., STE. A-200 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

No Chg-P

		. 1		•	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Cal Trust Fund (\$5.00 May Be Added to Fees	000000636585 02/26/07-80026-001 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LESNETT, FREDERICK A III 4450 S.W. 61ST AVE., UNIT 7 DAVIE, FL 33314				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHANAL, NEGENDRA N 4450 S.W. 61ST AVE., UNIT 7 DAVIE, FL 33314				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRYMAS, ANGELA 4450 S.W. 61ST AVE., UNIT 7 DAVIE, FL 33314		DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS			,		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE (

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-12-07

954) 584-9722