2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90169 007 ***150.00

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1. Entity Name
RBC'S AQUARIUM & PETS INC.

40078270

04072006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5808 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	5808 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

2. Principal Place of Business	3. Mailing Address
	4425 Rossmore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Florida
Zip / Country	Zip: 32810 / Country: Orange

4. FEI Number: 20-2066999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINDER & THORNLEY CPA 501 EAST JACKSON STREET SUITE 101 ORLANDO, FL 32801	Name: Theresa A. Conti Street Address (P.O. Box Number is Not Acceptable): 4425 Rossmore Drive City: Orlando FL Zip Code: 32810

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: Theresa A. Conti Theresa A. Conti 4/7/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONTI, THERESA A		NAME	
STREET ADDRESS	4425 ROSSMORE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	
TITLE	VP/D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONTI, WILLIAM A SR.		NAME	
STREET ADDRESS	4425 ROSSMORE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Theresa A. Conti Theresa A. Conti 4/7/06 407-578-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #