2006 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # P05000020008 1. Entity Name THE AQUARIUS 7 BROADCASTING NETWORK, INC.						04-19-2006 90105 004 ***150.00			
Principal Place of Business 5867 MARBLE COURT WINTER PARK, FL 32792		Mailing Address 5867 MARBLE COURT WINTER PARK, FL 327	-		20013043				
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152006	Chg-P	CR2E034 (11/	05)	
City & State		City & State	·		4. FEI Number	84617		Applied For Not Applicable	
Žíp	Country Zip Cou		Countr	ry	5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Curr	rent Registered Agent			7. Name and A	ddress of New Re	gistered Agent		
HILL, DOLORES A 5867 MARBLE COURT WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable)					
				City	· · · · · · · · · · · · · · · · · · ·		FL Zip	Code	
8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of changing its	registere	d office or regist	tered agent, or both,	in the State of Flor	rida. I am familiar	with, and accept	
SIGNATURE_	Signature, typed or prioted name of registered a	agent and title if sopiicable. (NOTE	: Registered	Agent signature requi	rest when reinstation)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$5				5.00 May Be dded to Fees				
10.		AND DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILL, DOLORES A NA 5867 MARBLE COURT STI			T ADORESS ST-ZIP			☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILL, DOLORES A 867 MARBLE COURT s		TITLE NAME STREE CITY-S	TADDRESS ST-ZIP	E PRESIDE ETCHER C SOTUMEBLE LITER PARK	Hill JR CT FL 32792	∑ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JON D P.O. BIX 391 LA PORTE, TX 77572	☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS (CC)	TUBOICE N. D. HILL NOLONG TUONIE		, ⊠ Cha -0.7	nge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Cha	nge 🗍 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-5	T ADDRESS ST-ZIP			☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S				☐ Cha	nge 🗋 Addition	
12. i hereby c	certify that the information supplied	with this filing does not qualify for	the ever	matiana aantala.	ad in Chamber 440 F	The state Oracle Account of the			

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: