

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 028 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # P06000070340 1. Entity Name THE BLUE TANG AQUARIUM INC | | | |
| Principal Place of Business 8217 ULMERTON RD LARGO, FL 33771 *NEW ADDRESS↓ | | Mailing Address 129 WOODBINE AVE MERRICK, NY 11566 | |
| 2. Principal Place of Business - No P.O. Box # 12950 58th ST N | | 3. Mailing Address 12950 58th ST N | |
| Suite, Apt. #, etc. UNIT #2 | | Suite, Apt. #, etc. UNIT #2 | |
| City & State CLEARWATER FL | | City & State CLEARWATER FL | |
| Zip 33760 | | Zip 33760 | |
| Country USA | | Country USA | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TONN, JOHN 8217 ULMERTON RD LARGO, FL 33771 | | 7. Name and Address of New Registered Agent Name John Tonn Street Address (P.O. Box Number is Not Acceptable) 12950 58th ST N UNIT #2 City CLEARWATER FL Zip Code 33760 | |
| 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 <u><i>John Tonn</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small> | | DATE 5/13/2008 <small>(NOTE: Registered Agent signature required when reconstituting)</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 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 | P TONN, JOHN J 129 WOODBINE AVE MERRICK, NY 11566 <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 | VP VOLLMER, ANA M 129 WOODBINE AVE MERRICK, NY 11566 <input checked="" 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 | <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 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: <u><i>John Tonn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE 5/13/2008 (727) 524 3634 <small>Daytime Phone #</small> | |