## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2007 8:00 am Secretary of State

| ANNOAL ILLI OIL  |  |                              |                        |  | Sceretary or State             |  |             |              |  |
|--|--|------------------------------|------------------------|--|--------------------------------|--|-------------|--------------|--|
| DOCUMENT # P06000077479  1. Entity Name J.A. AQUATICS, INC.  |  |                              |                        |  | 01-31-2007 90042 043 ***150.00 |  |             |              |  |
| Principal Place of Business Mailing Address  |  |                              | ···                    |  |                                |  |             |              |  |
|  |  | *                            | _                      |  |                                |  |             |              |  |
| 201 01120 011 11200 1112   |  | 201 DALE CYPRESS AVE         |                        | 1 41   | 40007332                       |  |             |              |  |
| CLEWISTON, FL 33440 — CLEWISTON  |  | ULLWISTON, TE SCHOOL         | -                      | , ,  |                                |  |             |              |  |
|  |  |                              |                        | 1 (8 8)(6 8) 1)) (                                 | inga Allii raje naga An        | 111 <b>48</b> 211 1 <b>84</b> 11 1 <b>94</b> 1 |             |              |  |
| 2 Disease Disease All DO D   |  |                              |                        |  |                                |  | {           |              |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address           | 22111                  |  |                                |  |             |              |  |
|  |  | PO DOX                       | 3246                   | <u> </u>   |                                |  |             |              |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.          |                        | 01262007   | Chg-P                          | CRSEUS   | 4 (12/06)   |              |  |
|  |  |                              | 01202007               | Crig-i   | OIVELOS                        | A (1200)                                       |             |              |  |
| City & Stat  | e  | Ama & State                  |                        | 4. FEI Numbe                                       | r                              |  | Ap          | plied For    |  |
|  |  | LEWISTON                     | VFL                    | 1 20   | -5004                          | 167  | No          | t Applicable |  |
| Žip  | Country  |                              | Country                |  |                                | _ 4  | 8.75 Add    |              |  |
| •  | 1  | 1 33440                      | ~~U54                  | 5. Certificate of                                  | of Status Desired              |  | ee Require  |              |  |
|  | 6. Name and Address of Current   | Booletesed Amount            | <del></del>            | 7 Name and   | Address of New I               |  |             |              |  |
|  | o. Name and Address of Corrent   | Registered Agent             | Name                   | 7. Name and  | Address of New I               | registered A                                   | gent        |              |  |
| ALV/ADAD   | O JOSE EEDNANDO  |                              | Ivanie                 |  |                                |  |             |              |  |
| ALVARADO, JOSE FERNANDO<br>500 SAN FRANCISCO STREET, LOT #22<br>CLEWISTON, FL 33440  |  |                              | Street Address         | Street Address (P.O. Box Number is Not Acceptable) |                                |  |             |              |  |
|  |  |                              | Ontode riodre.         | Street Address (F.O. Box Number is Not Acceptable) |                                |  |             |              |  |
| CLEVVIST   | ON, FL 33440   |                              |                        |  |                                |  | ·           | ·            |  |
|  | s.   |                              |                        |  |                                |  |             |              |  |
|  |  |                              | City                   |  |                                | FL   | Zip Cod     | e            |  |
| · · · · · · · · · · · · · · · · · · ·  |  |                              |                        |  |                                |  | <u></u>     |              |  |
| 8. The above armed 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.   |  |                              |                        |  |                                |  |             |              |  |
| SOUT ITS   |  |                              |                        |  |                                |  |             |              |  |
| SIGNATURE  | Signature, typed or printed name of registered agent   | nsiered Agent signature requ | ured when reinstating) |  | DATE                           | · ·  | <del></del> |              |  |
|  |  |                              |                        |  |                                |  |             |              |  |
|  |  | 9. Election Campaign F       | =inancina <b>4</b>     | te 00  |                                |  |             |              |  |
| FIL<br>After M   | E NOW!!! FEE IS \$150.00'<br>ay 1, 20 <b>0</b> 7 Fee will <del>be 3</del> 550.   | 1                            |                        | 55.00 May Be<br>Added to Fees                      |                                |  |             |              |  |
| Aiterin  | ay 1, 2007 Fee will be 3550.   |                              |                        |  |                                |  |             |              |  |
| 10.  | OFFICERS AND   | DIRECTORS                    | 11.                    | ADDITIONS/0  | CHANGES TO OF                  | FICERS AND                                     | DIRECTOR    | S IN 11      |  |
| TITLE  | -D   | ☐ Delete                     | IIILE                  |  |                                |  | Change      | Addition     |  |
| NAME   | ALVARADO, JOSE F   | □ Desete                     | NAME                   |  |                                |  | Change      | Modition     |  |
| STREET ADDRESS   | 281 BALD CYPRESS AVE   |                              | 1                      |  |                                |  |             |              |  |
|  |  |                              | STREET ADDRESS         |  |                                |  |             |              |  |
| CITY-ST-ZIP  | CLEWISTON, FL 33440  |                              | CITY-ST-ZIP            |  |                                |  |             | ·            |  |
| TITLE  | D  | ☐ Delete                     | TITLE                  |  |                                |  | Change      | Addition     |  |
| NAME   | ALVARADO, JOSE J   |                              | NAME                   |  |                                |  |             |              |  |
| STREET ADDRESS   | 281 BALD CYPRESS AVE   |                              | STREET ADDRESS         |  |                                |  |             |              |  |
| CITY-ST-ZIP  | CLEWISTON, FL 33440  |                              | CITY - ST - ZIP        |  |                                |  |             |              |  |
| TITLE  |  | □ N.I                        | TITLE                  |  |                                |  | Channa      | ☐ Addition   |  |
|  |  | ☐ Delete                     | TITLE                  |  |                                |  | ☐ Change    | Addition     |  |
| NAME   |  |                              | NAME                   |  |                                |  |             |              |  |
| STREET ADDRESS   |  |                              | STREET ADDRESS         |  |                                |  |             |              |  |
| CITY-ST-ZIP  |  |                              | CITY-ST ZIP            |  |                                |  |             |              |  |
| TITLE  |  | ☐ Delete                     | TITLE                  |  |                                |  | ☐ Change    | Addition     |  |
| NAME   |  |                              | NAM!L                  |  |                                |  |             |              |  |
| STREET ADDRESS   | 1  |                              | STREET ADDRESS         |  |                                |  |             |              |  |
| CITY-ST-ZIP  |  |                              | CITY SI ZIP            |  |                                |  |             |              |  |
| TITLE  |  |                              | TITLE                  |  |                                |  | Change      | Madition.    |  |
| TITLE  |  | ☐ Delete                     | TITLE                  |  |                                |  | ☐ Change    | Addition     |  |
| NAME   |  |                              | NAME                   |  |                                |  |             |              |  |
| STREET ADDRESS   |  |                              | STREET ADDRESS         |  |                                |  |             |              |  |
| CITY - ST - ZIP  |  |                              | CHY ST ZIP             |  |                                |  |             |              |  |
| TITLE  |  | ☐ Delete                     | TITLE                  |  |                                |  | ☐ Change    | Addition     |  |
| NAME   |  |                              | NAME                   |  |                                |  | -           |              |  |
| STREET ADDRESS   |  |                              | STREET ADDRESS         |  |                                |  |             |              |  |
| CITY-ST-ZIP  |  |                              | CHY ST ZIP             |  |                                |  |             |              |  |
|  | T. Control of the Con |                              |                        |  |                                |  |             |              |  |

12. Thereby 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.

onengoo, or an an authorition with an action, with an oalor like on powerco.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2007 (

(863) 228-147/

Daytime Phone #