FILED
Jun 20, 2007 8:00 am
Secretary of State
04-23-2007 90045 033 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124790

1. Entity Name
FAMILY AQUARIUM, INCORPORATED

Principal Place of Business	Mailing Address
608 SUMMERLIN AVENUE ORLANDO, FL 32803	608 SUMMERLIN AVENUE ORLANDO, FL 32803

66019466

02062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
608 N. Summerlin Ave	608 N. Summerlin Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Orlando, FL ~~32803~~
Zip: 32803 Country:	Zip: 32803 Country:

4. FEI Number: 20-5624355 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
POON, KWAI YIU
608 SUMMERLIN AVENUE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 04/18/07
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POON, KWAI YIU 608 SUMMERLIN AVENUE ORLANDO, FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 04/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #