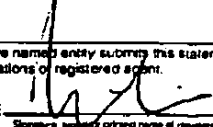
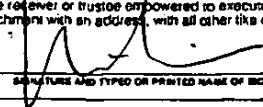


FILED
Jun 20, 2007 8:00 am
Secretary of State

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 608 SUMMERLIN AVENUE ORLANDO, FL 32803		Mailing Address 608 SUMMERLIN AVENUE ORLANDO, FL 32803	
2. Principal Place of Business - No P.O. Box # 608 N. Summerlin Ave		3. Mailing Address 608 N. Summerlin Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando		City & State Orlando, FL 32803	
Zip 32803		Zip 32803	
Country		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 		DATE 6/18/07	
Signature, typed name of registered agent, and state if applicable (NOTE: Registered Agent signature required when changing)		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	PO POON, KWAI YIU 608 SUMMERLIN AVENUE ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE 6/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS OFFICER OR DIRECTOR		DATE	