

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2012
Secretary of State

Entity Name: AQUANTIS DEVELOPMENT COMPANY, INC.

Current Principal Place of Business:

515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 E. VICTORIA ST
SUITE F
SANTA BARBARA, CA 93101

New Mailing Address:

FEI Number: 20-5104275 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: DEHLSSEN, JAMES G.P.
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: PRES
Name: DEHLSSEN, JAMES G.P.
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO
Name: DEHLSSEN, JAMES G.P.
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP
Name: DEHLSSEN, JAMES B.
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: CFO
Name: DEHLSSEN, JAMES B.
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC
Name: FEGARSKY, WREN
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WREN FEGARSKY

SEC

04/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date