## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000077418

FILED Apr 30, 2009 Secretary of State

Entity Name: AQUARIUS NUTRACEUTICAL MARKETING, INC.,

Current Principal Place of Business:		New Principal Place of Business:			
	LE CAY LANE T CREEK, FL 3	3073	US		
Current M	ailing Address	<b>::</b>		New Mailing Addre	ess:
	LE CAY LANE T CREEK, FL 3	3073	US		
El Number	26-4346967	FEI Nur	mber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of Cu	urrent F	Registered Agent:	Name and Address	s of New Registered Agent:
829 EAG	A, H. ANTHONY LE CAY LANE T CREEK, FL F	•			
0000110	,				
he above	·	ubmits t	this statement for the	purpose of changing its registe	red office or registered agent, or both,
he above	named entity so e of Florida.	ubmits t	this statement for the	purpose of changing its registe	red office or registered agent, or both,
he above the State	named entity su e of Florida. RE:		this statement for the		red office or registered agent, or both,  Date
The above of the State SIGNATUI	named entity so e of Florida. RE: Electronic	c Signat			
The above the State SIGNATUI	named entity so e of Florida. RE: Electronic	c Signat	ture of Registered Ag	ent	
The above the State SIGNATUI	named entity stee of Florida.  RE: Electronic  mpaign Financing  S AND DIRECT	c Signat Trust Fu TORS: Delete THONY, I Y LANE	ture of Registered Agund Contribution ().  PRESIDENT	ent	Date
The above the State of the Stat	named entity stee of Florida.  RE:  Electronic  mpaign Financing  S AND DIRECT  P () I  FONSECA, H.AN 5829 EAGLE CA COCONUT CREE	c Signat  Trust Fu  FORS:  Delete  THONY, I  Y LANE  Delete  DLA  Y LANE	ture of Registered Ag and Contribution ( ). PRESIDENT 3073 US	ent  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: H A FONSECA PRES 04/30/2009