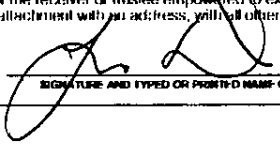


**2008 FOR PROFIT CORPORATE
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000080034			
1. Entity Name AQUA - TECH SERVICES, INC.			
Principal Place of Business 185 N. HOLIDAY RD. DESTIN, FL 32550	Mailing Address 185 N. HOLIDAY RD. DESTIN, FL 32550		
DO NOT WRITE IN THIS SPACE			
		02062008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3331360	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DULAR, JAMES G 185 N HOLIDAY RD DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE	
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, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when amending) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000823058 02/20/08-80022-023 158.75 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DULAR, JAMES 185 N. HOLIDAY RD. DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANGEL, KELLY 185 N. HOLIDAY RD. DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		2/7/08	832 450 4986
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	Office Phone #