2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002330

Entity Name: AQUATIC SURFACE SOLUTIONS, INC.

FILED Sep 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

8602 TEMPLE TERRACE HWY. 517 HERCHEL DR

SUITE D-12 TEMPLE TERRACE, FL 33617 TAMPA, FL 33637

Current Mailing Address: New Mailing Address:

P.O. BOX 290296 P.O. BOX 290296

TAMPLE TERRACE, FL 336370296 TAMPLE TERRACE, FL 33687

FEI Number: 59-3372921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOSMENY, STEVEN E CONTRACTORS REPORTING SERVICE INC 13795 N NEBRASKA AVE

TEMPLE TERRACE, FL 33617 US TAMPA, FL 33613 US

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: BILL MOORE 09/21/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 BOSMENY, STEVEN E
 Name:

 Address:
 517 HERCHEL DR
 Address:

 City-St-Zip:
 TEMPLE TERRACE, FL 33617
 City-St-Zip:

Title: TS () Delete Title: () Change () Addition

 Name:
 BOSMENY, PAULA J
 Name:

 Address:
 517 HERCHEL DR
 Address:

 City-St-Zip:
 TEMPLE TERRACE, FL 33617
 City-St-Zip:

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: STEVEN E BOSMENY P 09/21/2009