

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006097

FILED
Apr 03, 2007
Secretary of State

Entity Name: OCEANS, REEFS & AQUARIUMS, INC.

Current Principal Place of Business:

5600 US 1 NORTH
ACTED BLDG
FT PIERCE, FL 34946

New Principal Place of Business:

5600 US 1 NORTH
FT PIERCE, FL 34946

Current Mailing Address:

5600 US 1 N
ACTED BLDG
FORT PIERCE, FL 34946

New Mailing Address:

5600 US 1 N
FORT PIERCE, FL 34946

FEI Number: 65-0657787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART, WILLIAM ESQ
STEWART & EVANS P.A.
3355 OCEAN DR.
VERO BEACH, FL 32963 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: POMPONI, SHIRLEY
Address: 5710 PAPAYA DR
City-St-Zip: FORT PIERCE, FL 34982

Title: CD () Delete
Name: GAINES, KEVIN
Address: 1841 26TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: CD () Delete
Name: WALTERS, FAY
Address: 1945 19TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: SD (X) Delete
Name: DAVIS-HODGKINS, MEGAN
Address: 5600 US 1 NORTH
City-St-Zip: FORT PIERCE, FL 34946

Title: D (X) Delete
Name: TURNER, JEFFREY
Address: 6250 NW 66TH AVE
City-St-Zip: PARKLAND, FL 33067

Title: D (X) Delete
Name: HOFF, FRANK
Address: 33418 OLD ST. JOE ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DAVIS-HODGKINS, MEGAN
Address: 5600 US 1 NORTH
City-St-Zip: FORT PIERCE, FL 34946

Title: D (X) Change () Addition
Name: HOFF, FRANK
Address: 33418 OLD ST. JOE ROAD
City-St-Zip: DADE CITY, FL 33525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY POMPONI

CD

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date