2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 17, 2006 08:00 AM Secretary of State **DOCUMENT # P96000060415** 1. Entity Name AQUÁRIUS MARKETING GROUP, INC. Principal Place of Business Mailing Address 6464 PUMPKIN SEED CIRCLE 6464 PUMPKIN SEED CIRCLE BOCA RATON, FL 33433 BOCA RATON, FL 33433 No Chg-P CR2E034 (11/05) 01052006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0682198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FISH, RICHARD J DO NOT WRITE 6464 PUMPKIN SEED CIRCLE BOCA RATON, FL 33433 IN THIS SPACE **8.** The above named ϵ in Tier 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 ro Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signisture required when reinstalling) DATE 1100000388175 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 01/19/06-80062-025 150.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. πιε n FISH, RICHARD J NAME 6464 PUMPKIN SEED CIRCLE STREET ADDRESS COTY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1127 E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THIF NAME STREET ADDRESS CTTY-STE-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby certify that the information supplied with this filling 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 direction of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

NYED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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