

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054046

Entity Name: AQUA DREAMS TRAVEL, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4708 SE 8TH CT. #3
CAPE CORAL, FL 33904

New Principal Place of Business:

3802 SW 7TH AVE.
CAPE CORAL, FL 33914

Current Mailing Address:

3802 SOUTHWEST 7TH AVENUE
CAPE CORAL, FL 33914

New Mailing Address:

3802 SW 7TH AVE.
CAPE CORAL, FL 33914

FEI Number: 65-0761573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLD, EUGENE R
3802 SW 7TH AVE
CAPE CORAL, FL 33914 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: PTD () Delete
Name: DOLD, EUGENE R
Address: 3802 SOUTHWEST 7TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VSD () Delete
Name: DOLD, TERRI A
Address: 3802 SOUTHWEST 7TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EUGENE R. DOLD

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date