

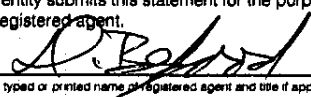
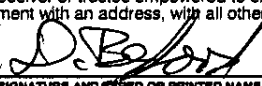


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90190 006 ***150.00

DOCUMENT # P99000002386 1. Entity Name AQUATHERAPEUTICS, INC.					
Principal Place of Business 24 JADE DR. #16 BIG COPPITT KEY KEY WEST, FL 33040			Mailing Address PO BOX 4764 KEY WEST, FL 33041		
2. Principal Place of Business 733 LOVE LANE		3. Mailing Address 733 LOVE LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State KEY WEST, FL		City & State KEY WEST, FL			
Zip 33040		Country USA		4. FEI Number 65-0888851	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEDGOOD, DOUGLAS 24 JADE DR. #16 BIG COPPITT KEY KEY WEST, FL 33040 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">ADDRESS CHANGE</div>			7. Name and Address of New Registered Agent Name BEDGOOD, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 733 LOVE LANE City KEY WEST FL Zip Code 33040		
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  DATE 7/3/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEDGOOD, DOUGLAS <input type="checkbox"/> Delete ADDRESS CHANGE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	24 JADE DR. #16 BIG COPPITT KEY KEY WEST, FL 33040				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEDGOOD, DOUGLAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	733 LOVE LANE KEY WEST, FL 33040				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  7/3/2004 295-7702 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					