

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90373 006 ***150.00

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04132006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000039437 1. Entity Name AQUATIC FANTASEAS, INC.			
Principal Place of Business 2914 N.E. 8TH TERRACE #101 OAKLAND PARK, FL 33334		Mailing Address 2914 N.E. 8TH TERRACE #101 OAKLAND PARK, FL 33334	
2. Principal Place of Business 1047 NE 30TH COURT Suite, Apt. #, etc.		3. Mailing Address 1047 NE 30TH COURT Suite, Apt. #, etc.	
City & State OAKLAND PARK FL Zip Country 33334		City & State OAKLAND PARK FL Zip Country 33334	
4. FEI Number 65-1122489		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARMETKO, DANIEL B 2914 N.E. 8TH TERR., STE. 101 OAKLAND PARK, FL 33334		7. Name and Address of New Registered Agent Name DARMETKO, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 1047 NE 30TH COURT City OAKLAND PARK FL Zip Code 33334	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DARMETKO, DANIEL B STREET ADDRESS 2914 N.E. 8TH TERR., STE. 101 CITY - ST - ZIP OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE P NAME DARMETKO, DANIEL B STREET ADDRESS 1047 NE 30TH COURT CITY - ST - ZIP OAKLAND PARK FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # (954) 660 5264	