

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90028 003 \*\*\*150.00

DOCUMENT # P99000103059					
1. Entity Name AQUATIC WORLD, INC.					
Principal Place of Business 453 SE MONTEREY RD. STUART, FL 34994			Mailing Address 453 SE MONTEREY RD. STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # <i>2111 SE FEDERAL HWY.</i>		3. Mailing Address <i>2111 SE FEDERAL HWY.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008    Chg-P    CR2E034 (12/06)	
City & State <i>Stuart, FL</i>		City & State <i>Stuart, FL</i>		4. FEI Number 65-0964211	
Zip <i>34994</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GANGEMI, PAUL 2571 SW BEVERLY STREET PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
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 <i>Paul Gangemi</i> DATE <i>2/13/08</i>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGEMI, PAUL			NAME	
STREET ADDRESS	2571 SW BEVERLY STREET			STREET ADDRESS	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGEMI, JOAN			NAME	
STREET ADDRESS	2571 SW BEVERLY STREET			STREET ADDRESS	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: <i>Paul Gangemi</i>				Date: <i>2/13/08</i> Daytime Phone #: <i>772.220.7700</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					