2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# V10382

Entity Name: AQUA GULF XPRESS, INC.

Current Principal Place of Business:

1830 EAST 21ST STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0324216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNE, LISA
1830 EAST 21ST STREET
JACKSONVILLE, FL 32206 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: C ( ) Delete
Name: BROWNE, LISA
Address: 1830 E 21ST. STREET
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: BROWNE, ROBERT J
Address: 1301 W NEWPORT CENTER DR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V ( ) Delete
Name: BOYLE, MIKE
Address: 1830 EAST 21RST STREET
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: BROWNE, JOSEPH K
Address: 1830 E 21ST ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LISA BROWNE C 02/26/2009

Electronic Signature of Signing Officer or Director — Date