| No. <b>C 173725</b>  |      |  |                                       | 2. Re    | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|------|--|---------------------------------------|----------|--|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080   |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  AQUACUISINE, INC.  MARK R GOFORTH  1065 E WINDING CREEK DR  EAGLE ID 83616 |                                       | 10<br>E/ | MARK R GOFORTH  1065 E WINDING CREEK DR  EAGLE ID 83616  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  |      |  |                                       |          |  |       |         |             |
| The state of the s |      | ess Addresses of Presid  | lent, Secretary, and Directors. Treas |          |  |       |         |             |
| Office Held  | Name |  | Street or PO Address                  | City     | /  | State | Country | Postal Code |
| PRESIDENT MARK R GO  |      | PFORTH   | 2242 S. FOX GLEN WAY                  | EAG      | GLE  | ID    | USA     | 83616       |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*  |                                       |          |  |       |         |             |
| ID   |      | Signature: Mark Goforth  |                                       |          | Date: 04/21/2009   |       |         |             |
| C 173725   |      | Name (type or print): Mark Goforth   |                                       |          | Title: President   |       |         |             |
| Processed 04/21/2009 * Electronically provided signatures are accepted as original signatures.   |      |  |                                       |          |  |       |         |             |