



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 138542		2. Name of Corporation Sea Creature Aquarium, Inc.			
3. Street Address Principal Business Office 1455 Mineral Spring Avenue			City North Providence	State R.I.	Zip 02904
4. Business Phone No. 401-354-6477		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE SALES TO RETAILERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Yglowski			Vice President Name Christine Yglowski		
Street Address 15 Verdi Street			Street Address 15 Verdi Street		
City N. Prov.	State R.I.	Zip 02904	City N. Prov.	State R.I.	Zip 02904
Secretary Name John Yglowski			Treasurer Name Christine Yglowski		
Street Address 15 Verdi Street			Street Address 15 Verdi Street		
City N. Prov.	State R.I.	Zip 02904	City N. Prov.	State R.I.	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Yglowski			Director Name Christine Yglowski		
Street Address 15 Verdi Street			Street Address 15 Verdi Street		
City N. Prov.	State R.I.	Zip 02904	City N. Prov.	State R.I.	Zip 02904
Director Name Ronald DeThomas			Director Name		
Street Address 1840 Mineral Spring Ave			Street Address		
City N. Prov.	State R.I.	Zip 02904	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1,000	Common	- 0 -

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**  
MAR 11 2005  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: John Yglowski Date: 3/1/05  
Print or Type Name of Officer: John Yglowski  
Title of Officer: President