2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # K32834

1. Entity Name

DAICO WATER MANAGEMENT INC.

Principal Place of Business	Mailing Address
1101 DEER RUN PL 1101 DEER RUN PLACE VALRICO FL 33595 US	% COLLEEN DIAZ P O BOX 1362 VALRICO FL 33594 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE   CR2E034 (10/04)

4. FEI Number   59-3060695   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, COLLEEN 1101 DEER RUN PLACE VALRICO FL 33594	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, JOHNZEY SEGUNDO		NAME	U00000195527
STREET ADDRESS	1101 DEER RUN PLACE		STREET ADDRESS	01/26/05--80031-016 150.00
CITY-ST-ZIP	VALRICO FL		CITY-ST-ZIP	
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, COLLEEN GAIL		NAME	
STREET ADDRESS	1101 DEER RUN PLACE		STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: _Colleen Diaz_   _Colleen Diaz_   _1-21-05_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #