

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 016 ****61.25

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03302006 Chg-NP CR2E037 (11/05)

4. FEI Number **01-0383932** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # N02000000513
 1. Entity Name
WATER ENHANCEMENT & RESTORATION COALITION, INC.



Principal Place of Business: 1520 ROYAL PALM SQUARE BLVD., STE. 160 FT. MYERS, FL 33919
 Mailing Address: 1520 ROYAL PALM SQUARE BLVD., STE. 160 FT. MYERS, FL 33919

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

6. Name and Address of Current Registered Agent
FOREHAN, WALTER
125 S. GADSDEN ST., STE. 300
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25 Due by May 1, 2006**
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: CONRECODE, TOM STREET ADDRESS: 3003 TAMIAMI TRAIL N. S6 400 CITY-ST-ZIP: NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE: D NAME: Kim Fikoski STREET ADDRESS: 9990 Coconut Road, Suite 200 CITY-ST-ZIP: Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BARBER, RICK STREET ADDRESS: 7400 TAMIAMI TR. N. STE 200 CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE: D NAME: Carla Palmer STREET ADDRESS: 2301 McGregor Blvd. CITY-ST-ZIP: Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BAUER, MIKE STREET ADDRESS: 109 DEBRON DR CITY-ST-ZIP: NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BARRACO, CARL STREET ADDRESS: 2121 WEST FIRST ST CITY-ST-ZIP: FORT MYERS, FL 33902	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DTS NAME: ARNOLD, SHARON STREET ADDRESS: 1520 ROYAL PALM SQ BLVD., STE 160 CITY-ST-ZIP: FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Sharon Arnold **3-31-2006 (239) 279-5758**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #