


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 047 \*\*\*\*61.25

DOCUMENT # N02000000680 1. Entity Name ALLIANCE TO PROTECT WATER RESOURCES, INC.			
Principal Place of Business 8141 LAKESIDE DR. YALAHA FL 34797		Mailing Address PO BOX 120703 CLERMONT FL 34712-0703	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		4. FEI Number 01-0589506	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  SMALLWOOD, GEORGE L. 8141 LAKESIDE DR. YALAHA FL 34797		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *George L. Smallwood* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: MEADOWS, GUY STREET ADDRESS: 127 MON VISTA RD CITY-ST-ZIP: CLERMONT FL 34736 <input checked="" type="checkbox"/> Delete		TITLE: DIRECTOR NAME: JACQUELINE A. SMALLWOOD STREET ADDRESS: 8141 LAKESIDE DRIVE CITY-ST-ZIP: YALAHA, FLORIDA 34797 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: FULLERTON, NANCY H STREET ADDRESS: 368 W MONTROSE ST CITY-ST-ZIP: CLERMONT FL 34711 <input type="checkbox"/> Delete		TITLE: ERNEST ABNEY (D) NAME: ERNEST ABNEY (D) STREET ADDRESS: 9350 LAKE NICKORY NOT DRIVE CITY-ST-ZIP: WINTER GARDEN, FLORIDA 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: STOCKTON, LOUISE STREET ADDRESS: 478 LAKE SHORE DRW CITY-ST-ZIP: CLERMONT FL 34711 <input type="checkbox"/> Delete			
TITLE: DT NAME: SMALLWOOD, GEORGE STREET ADDRESS: 8141 LAKESIDE DRIVE CITY-ST-ZIP: YALAHA FL 34797 <input type="checkbox"/> Delete			
TITLE: PD NAME: GODTS, TERRY STREET ADDRESS: 6043 LAKE ERIE DR CITY-ST-ZIP: GROVELAND FL 34736 <input type="checkbox"/> Delete			
TITLE: VD NAME: MEADOWS, MINDY STREET ADDRESS: 12712 MONTEVISTA RD CITY-ST-ZIP: CLERMONT FL 34711 <input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George L. Smallwood* 2/15/07 (352) 324-1151