

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

08-01-2007 90036 014 ****61.25


DOCUMENT # N02000003248
 1. Entity Name
 WATERWEB CONSORTIUM, INC.



Principal Place of Business 3240 CORPORATE WAY MIRAMAR, FL 33025	Mailing Address 3240 CORPORATE WAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE

66021697



08152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 71-0907177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLEDGE, ALLAN
 3240 CORPORATE WAY
 MIRAMAR, FL 33025

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, LEONARD 3970 RCA BLVD STE 3210 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOSO, MARIA C MPO RSMAS 4600 RICKENBACKER CSWY MIAMI, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-JAUREGUI, CARLOS A 1 RUE MIOLLIS CEDEX 15 75732 PARIS FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLEDGE, ALLAN 3240 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, DAVID W P O BOX 717 ALSTEAD, NH 03602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Allan Milledge, Director 8/25/07 954-885-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treasurer