


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90341 033 ***150.00

DOCUMENT # P05000049416

1. Entity Name
WATER ON DEMAND, INC.



Principal Place of Business
 2215 NW 19TH AVE.
 CAPE CORAL, FL 33993

Mailing Address
 2215 NW 19TH AVE.
 CAPE CORAL, FL 33993

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

03102006 Chg-P CR2E034 (11/05)

4. FEI Number
30-0310979

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

KRAM, EARL A
 2215 NW 19TH AVE
 CAPE CORAL, FL 33993

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KRAM, EARL A	
STREET ADDRESS	2215 NW 19TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CULVER, DENNIS A	
STREET ADDRESS	1421 SE 20TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTHEWS, GERALDINE V	
STREET ADDRESS	2215 NW 19TH AVE.	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRAM, KINJILA S	
STREET ADDRESS	P.O. BOX 6734	
CITY-ST-ZIP	FORT MYERS, FL 33911	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *X Earl A Kram* **4-26-06 239-214-1375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #