


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000031783**

1. Entity Name  
 AFFORDABLE WATER TREATMENT, INC.



Principal Place of Business      Mailing Address

10037 RATCLIFF CT      10079 RATCLIFF CT  
 ORLANDO, FL 32825 US      ORLANDO, FL 32825

**DO NOT WRITE IN THIS SPACE**



03232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3311505      Not Applicable

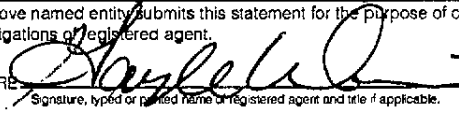
5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESENBERG, MIKE  
 10037 RATCLIFF CT  
 ORLANDO, FL 32825

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

03/28/05-80050-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	WIESENBERG, MIKE
STREET ADDRESS	10037 RATCLIFF CT
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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:       Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR