




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 08:00 AM Secretary of State

DOCUMENT # P95000031783		
1. Entity Name AFFORDABLE WATER TREATMENT, INC.		
Principal Place of Business 10037 RATCLIFF CT ORLANDO, FL 32825 US		Mailing Address 10079 RATCLIFF CT ORLANDO, FL 32825
 05012008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3311505		Applied For (If Applicable)
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WIESENBERG, MIKE 10037 RATCLIFF CT ORLANDO, FL 32825		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE</small>		
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	O WIESENBERG, MIKE	
NAME	10037 RATCLIFF CT	
STREET ADDRESS	ORLANDO, FL 32825	
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-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 a title like or empowered.		
SIGNATURE: 		Date: 5/1/06 Office: 407-207-1667

U00000562533 05/19/06-80057-013 150.00

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Courier Address: (overnight delivery) Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.