2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01133

FILED Apr 19, 2009 Secretary of State

Entity Name: DAVID'S WATER SYSTEMS, INC.

Jurrent P	rincipal Plac	e of Business:	New Principal Place	OT BUSINESS:
650 GRAN PALM BAY	IT RD Y, FL 32909	US		
Current Mailing Address:		New Mailing Address:		
650 GRAN PALM BAY	NT RD /, FL 32909	US		
El Number	: 59-3040032	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
JOHNSON 350 GRAN	IŤ RD			
	1 BAY BAY, FL 3290	09 US		
The above	BAY, FL 3290		ourpose of changing its registere	ed office or registered agent, or both,
SE PALM The above	BAY, FL 3290 named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
SE PALM The above n the State	BAY, FL 3290 e named entity e of Florida. RE:			ed office or registered agent, or both, Date
SE PALM The above n the State	BAY, FL 3290 named entity e of Florida. RE: Electro	submits this statement for the p		
SE PALM The above n the State SIGNATUI	BAY, FL 3290 named entity e of Florida. RE: Electro	submits this statement for the points signature of Registered Ageing Trust Fund Contribution ().	ent	
SE PALM The above n the State SIGNATUI	BAY, FL 3290 e named entity e of Florida. RE: Electro mpaign Financia S AND DIRECT	r submits this statement for the provinc Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete AVID D	ent	Date
SE PALM The above In the State SIGNATUI Election Car DFFICER Italiane: Address:	BAY, FL 3290 e named entity e of Florida. RE: Electro mpaign Financia S AND DIRECT PVD (JOHNSON, DA 650 GRANT R PALM BAY, FI	r submits this statement for the provinc Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete AVID D L 32909 US) Delete AVID D	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. JOHNSON PRES 04/19/2009