2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 12, 2007 08:00 Al **Secretary of State DOCUMENT #376891** WALTZING WATERS, INC. Principal Place of Business Malling Address 5230 TAMIAMI COURT **5230 TAMIAMI COURT** CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1319572 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRZYSTAWIK, MICHAEL DO NOT WRITE 1002 DOLPHIN DR CAPE CORAL, FL 33904 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE U00000630847 PRZYSTAWK, MICHAEL NAME 02/20/07-80023-007 150.00 STREET ADDRESS 1002 DOLPHIN DR CITY-ST-ZIP CAPE CORAL, FL 33904 STD TITLE NAME PRZYSTAWIK.INGE STREET ADDRESS 5230 TAMIAMI CT CAPE CORAL, FL CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 i changed, or on an attachment with an address, with all other. The empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Michael Prositowik allalar