


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90273 050 ***150.00

DOCUMENT # 424508
 1. Entity Name
 HYDRO-ECOLOGY, INC.



Principal Place of Business
 708 N. OREGON AVE
 TAMPA, FL 33606

Mailing Address
 708 N. OREGON AVE
 TAMPA, FL 33606

2. Principal Place of Business
 602 N. Gilchrist Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 Post Office Box 3253
 Suite, Apt. #, etc.

City & State
 Tampa, Florida

City & State
 Tampa, Florida


Zip
 33606

Country
 USA

Zip
 33601

Country
 USA

40002594



01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
 WADE, KEITH E
 8434 SOUTHWOOD OAKS ST
 LITHIA, FL 33547

4. FEI Number
 59-1471895

Applied For
 Not Applicable

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADE, KEITH E 8434 SOUTHWOOD OAKS ST LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADE, SABRINA L 8434 SOUTHWOOD OAKS ST LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Sabrina L. Wade Date 1-10-06 Daytime Phone # 813-254-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR