2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 433785

Entity Name: SEWER VIEWER, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2190 ANDREA LANE

FT MYERS, FL 33912 US

Current Mailing Address:

2190 ANDREA LANE 13300-56 S CLEVELAND AVE #206 FT MYERS, FL 33912 US FT MYERS, FL 33907 US

FEI Number: 59-1480787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, DONNA
2190 ANDREA LANE
FT MYERS, FL 33912 US

BROWN, DONNA
13300-56 S CLEVELAND AVE #206
FT MYERS, FL 33907 US

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.

SIGNATURE: 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MORGAN, BROWN Name: MORGAN, BROWN

Name:MORGAN, BROWNName:MORGAN, BROWNAddress:2190 ANDREA LANEAddress:13300-56 S CLEVELAND AVE #206

City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33907

Title: SD () Delete Title: SD (X) Change () Addition

Name: BROWN, DONNA Name: BROWN, DONNA

Address: 2190 ANDREA LANE Address: 13300-56 S CLEVELAND AVE #206

City-St-Zip: FT MYERS, FL 33912 US City-St-Zip: FT MYERS, FL 33907 US

Name: Name: KENNEDY, SEAN

Address: 13300-56 S CLEVELAND AVE #206

City-St-Zip: City-St-Zip: FT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA BROWN SD 04/23/2007