2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 574464

1. Entity Name
H2O SYSTEMS, INC.

Principal Place of Business	Mailing Address
313 NE 3RD AVENUE CAPE CORAL, FL 33909-9423	313 NE 3RD AVENUE CAPE CORAL, FL 33909-9423

DO NOT WRITE IN THIS SPACE

01152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1855123
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLINGS, HARVEY
4040 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

DO NOT WRITE 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 _____ 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

TITLE	P
NAME	EVENSON, MARK W.
STREET ADDRESS	313 N.E. 3RD AVE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	T
NAME	BRAND, DOUGLAS L
STREET ADDRESS	501 SW 8TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	V
NAME	EVENSON, THOMAS A
STREET ADDRESS	2410 SW 40 TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	S
NAME	EVENSON, KURT A
STREET ADDRESS	2582 SW 27 PL
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00003992899
01/24/06 80100-007 158.75

DO NOT WRITE IN THIS SPACE

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: [signature] DOUGLAS L. BRAND 1-16-06 239-574-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #