2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # 706886 WATER WORKS, INC.				03-21-2005 9	90089 020 ****	61.25
14309 OLD DIXIE HWY 143		Mailing Address 14309 OLD DIXIE HWY HUDSON, FL 34667	14309 OLD DIXIE HWY		20022767		
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (10/03)	
City & State		City & State	City & State		55	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	-5Certificate of Si	atus Desired	-E \$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Rec	istered Agent	
MCCART, CRAIG			Name	THE MAN BOOK AND A STATE OF THE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	LWOOD CIRCLE		Street Address ((P.O. Box Number is Not Acceptable)		
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			City			FL Zip Cod	е
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in	the State of Florid	da. I am familiar with,	and accept
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SIGNATURE.	Clanatura transfer printed name of accintered possit	and title if applicable /NOTE	- Pagintarad Apad singat	we received when rejectation!	 	DATE	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signatu	are required when reinstating)		DATE	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005		paign Financing	ste required when reinstating) \$5.00 May Be Added to Fees		DATE ke check payable t a Department of S	
SIGNATURE .	Filing Fee is \$61.25	9. Election Can Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Florid	ke check payable t	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Florid	ke check payable t a Department of S	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: June of FRANK Sell SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

16 March 2008