


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90029 010 \*\*\*\*70.00

<b>DOCUMENT # 726946</b> 1. Entity Name <b>WATERWAY WEST, INC.</b>	
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Principal Place of Business <b>315 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169</b>	Mailing Address <b>315 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60018661

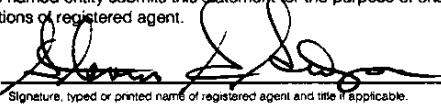


02192007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1578126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARGER, GEORGE 315 N CAUSEWAY #D303 NEW SMYRNA BEACH, FL 32169</b>	7. Name and Address of New Registered Agent Name <b>SIMPSON, STEVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>315 N. CAUSEWAY C403</b> City <b>NEW SMYRNA BEACH FL</b> Zip Code <b>32169</b>
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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  **STEVE SIMPSON, PRESIDENT OF BOARD** DATE **2/19/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete NAME <b>BARGER, GEORGE</b> STREET ADDRESS <b>315 N. CAUSEWAY #D303</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>	TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BARGER, GEORGE</b> STREET ADDRESS <b>315 N CAUSEWAY D303</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>
TITLE <b>VP</b>	<input type="checkbox"/> Delete NAME <b>PLUSCHAU, HERBERT</b> STREET ADDRESS <b>315 N CAUSEWAY D302</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>	TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>NANCE, DARRELL</b> STREET ADDRESS <b>315 N CAUSEWAY E101</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>
TITLE <b>S</b>	<input type="checkbox"/> Delete NAME <b>SIMPSON, STEVE</b> STREET ADDRESS <b>315 N. CAUSEWAY #8 204</b> CITY-ST-ZIP <b>NEW SMYRNA BCH, FL 32169</b>	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>SIMPSON, STEVE</b> STREET ADDRESS <b>315 N CAUSEWAY C403</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>
TITLE <b>T</b>	<input type="checkbox"/> Delete NAME <b>FRATANTUONO, CYNTHIA</b> STREET ADDRESS <b>315 N. CAUSEWAY #E203</b> CITY-ST-ZIP <b>N S BEACH, FL 32169</b>	TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>FRATANTUONO, CYNTHIA</b> STREET ADDRESS <b>315 N CAUSEWAY E203</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete NAME <b>COLE, CHARLES</b> STREET ADDRESS <b>315 N CAUSEWAY A302</b> CITY-ST-ZIP <b>NEW SMYRNA, FL 32169</b>	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>LOWE, JOHN</b> STREET ADDRESS <b>315 N. CAUSEWAY C102</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete NAME <b>SERVICE, JIM</b> STREET ADDRESS <b>315 N. CAUSEWAY #C101</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>MAY, JIM</b> STREET ADDRESS <b>315 N. CAUSEWAY C203</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>

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 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:  **President of Board** DATE **2/19/07** 386-423 5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR