. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL KEPUKI								-u rn				
DOCUMENT # F00000005722							FILED 06 MAY 16 PH 12: 52					
1. Entity Nam WATERF		RK DEVELOPMEN	ΓCORP.				08	MAY 16	P7, 12:	52	015	
Principal Place	e of Business		Mailing Address	Mailing Address			51 T M	LUTAN TO		JDA .	W)	
1768 PARK (ORLANDO, FI		/E, STE. 270	1768 PARK CENTER DRIVE, STE. 270 Orlando, FL 32835) : Pening III),	iri 88(11 88)8) Bri	n (82/3 6 6 na		
2. Principal P												
1768 Pa		er Drive	1768 Park Center Drive				: 190LIGS H 90	TIN BELLI COIN BETTE OR	(III 0 UCII: 60141 U14		1001 11 1001	
Suite 4	00		Suite 400				62006	Chg-P	CR2E03	34 (11/05)		
City & State Orlando, FL			City & State Orlando, FL				El Number 5 9-3675 6	340			plied For Applicable	
Zip		Country	Zip	try	5. Certificate of Status Desired XX \$8.75 Additional							
32835	6. Name	USA and Address of Current I	32835 Registered Agent	A 5. Certificate of Status Desired 12. So. 13 Additional Fee Required 7. Name and Address of New Registered Agent								
WHWW, IN	NC:		Name	me								
390 N ORANGE AVE STE 1500 ORLANDO, FŁ 32801					Street Add	treet Address (P.O. Box Number is Not Acceptable)						
					City			<u> </u>	FL	Zip Code	9	
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.							ent, or both,	in the State of F	<u>: </u>			
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating). DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	\$ IN 11	
TITLE NAME	PC TOWNSE	ND, DAVID J	☐ Delete TITLE ! NAM!							Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1768 PAR	K CENTER DRIVE, ST D. FL 32835					68 Park Center Drive, Suite 400 lando, FL 32835					
TITLL	ORLANDO	J, FL 32833	Delete	Delete TITLE		OLIANU), FL	32033		☐ Change	Addition	
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STREET ADORESS CITY-ST-ZIP					-S1-ZIP							
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SIREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					+ST-ZIP			, , ,				
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: 4/38/2006 (407) 294-6400 SIGNATURE: Dale Dayling Phone *												