505 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000793

1. Entity Name
WATERMARK AMERICAS, INC.



FILED Jul 20, 2005 8:00 am Secretary of State 07-20-2005 90024 039 ***150.00

Software Process and Comment Registers Comment										
Suite, Apil, et al. Suite, Ap	8505 WATERFORD BLVD, 6505 BLUE LAGOON DR C/C MIAMI, FL 33126 UP		C/O WATERMARK GROUP PLC, BELMORE PARK UPHAM, HAMPSHIRE							
20 23 2.6 Country 29 23 2.6 Country 29 33 2.6 Country 5. Certificate of Status Desired 58.75 Additional with the statement for the purpose of changing its registered Agent Name and Address of New Registered Agent Name 274 EXECUTIVE PARK DRIVE Sheet Address (P.O. Box Number is Not Accountable)	Suite, Apt. #, etc. SUITE 105		6505 BLE LACOON LEN Suite, Apt. #, etc. SUITE 105		ZVE	07082005	Chg-P		4 (10/03)	
SIZE OF STATE OF STAT	Zip	Country Zip				···			8.75 Addi	tional
NRAI SERVICES, INC. 273 LEXECUTIVE PARK DRIVE Sures Address (P.O. Box Nearbor is Not Acceptable) Street Address (P.O. Box Nearbor is Not Acceptable) The above named entity submits statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior motion. Children Childr		1411				5 Non	A			
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 and real packets. Port Properties Port Po	NRAI SERVICES, INC. 2731 EXECUTIVE PAR SUITE 4		Name							
THE NOWILL FEE IS \$150.00 Due by September 7, 2005 FILE NOWILL FEE IS \$150.00 Due by September 7, 2005 FOR CONTROLL OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. THE OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Change Added to Fees Corporation did not receive the prior notice. Changed Or the receive and the prior material report is true and added not his report or supplemental report is true and accurate and that my signature shall have the Seminus and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address. Wind all other last componence.	**E01014,1 E 00001	City				FL	Zip Code	'		
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees In accordance with s. 607, 192(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11 , IME	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.									
Due by September 7, 2005 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. The corporation did not receive the prior did not	SIGNATURE									
INTE CP	Due by Septe									
JOHN CLIVE WILLIAM AVON CAULCUTT STREET ADDRESS SWATERMARK GROUP PLC, BALMOR PARK, UPHAM STREET ADDRESS CITY-ST-2P JOHN CLIVE WILLIAM AVON CAULCUTT STREET ADDRESS CITY-ST-2P JOHN CRISPIN F JOHN CRISPIN F	10.	OFFICERS AND DIRE	CTORS 5			ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	IN t.t.
ANALE ADDRESS CITY-ST-ZIP TITLE NAME TITLE TI	NAME JOHN CLIVE STREET ADDRESS %WATERM	JOHN CLIVE WILLIAM AVON CAULCUTT SSS WWATERMARK GROUP PLC, BALMOR PARK, UPHAM			,, ,,	:	A Brand	provide a	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP MAMSHIRE, S032 1HQ, Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete STREET ADDRESS CITY-ST-Z	NAME QUAL, CRIS STREET ADDRESS %WATERM.	QUAL, CRISPIN F %WATERMARK GROUP PLC, BALMOR PARK, UPHAM			CRIS	ipin F.	QUAIL	,	Change	Addition
INAME NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO beide TITLE NAME STREET ADDRESS CITY-ST-ZIP TO beide NAM	NAME PEAT, KEVI STREET ADDRESS %WATERM	PEAT, KEVIN J 5 %WATERMARK GROUP PLC, BALMOR PARK, UPHAM							Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP INTILE NAME STREET ADDRESS CITY-ST-ZIP INTILE NAME STREET ADDRESS CITY-ST-ZIP INTILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 office 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:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delote	name Street address		,			Change.	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 undo 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:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME Street adoress					☐ Change	☐ Addition
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made undor 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:	NAME . STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS			***		☐ Change	Addition
	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									
	SIGNATURE:	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER O	A DIRECTOR					aylane Phone #	