2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 A Secretary of State

		S. C.	ecretary of Sta
DOCUMENT, # F0400006072 1. Entity Name CRYSTAL WATER SYSTEMS, INC.	Parametris Territori	2. e	ecicialy of Sta
Company the control of the control o	C.5. 3550 14 15 15 15 15 15 15 15 15 15 15 15 15 15	mana da	of Water presenting name of a statement of the Park of the Administration
Principal Place of Business 1490 NW FEDERAL HWY STUART, FL 34994 Mailing Address 2533 N. CARSON ST. CARSON CITY, NV 89		1 IERWAR IIII BAKI PIRIL RAJIL RAJIL RAJIL	
		3182008 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		FEI Number 85-0391917	Applied For Not Applicable
	5.	Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
WERNICK, PETER 1490 NW FEDERAL HWY STUART, FL 34994		DO NOT WI	
8. The above named entity submits this statement for the purpose of changing it	ls registered office or registered ac	gent, or both, in the State of Flor	rida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NC	TE: Registered Agent signature required when r	reinstating)	DATE
	aign Financing \$5.00 ntribution Added to	May Be Fees U00001	0874009 -80103-002 150.00
10. OFFICERS AND DIRECTORS	, ₄ , , ,	<u> </u>	
TITLE CDPS NAME WERNICK, PETER STREET ADDRESS 2533 N CARSON ST. #5425 CITY-ST-ZIP STUART, FL 34994			
TITLE T NAME WERNICK, PETER STREET ADDRESS 2533 N CARSON ST. #5425 CITY-ST-ZIP STUART, FL 34994			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. Thereby certify that the information supplied with the information indicated on this report or suppliements report is side 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 this teaching were did 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 attack ment with all other like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Description			