2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004674

Entity Name: DHI WATER & ENVIRONMENT, INC

FILED Feb 23, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	AY TO BAY BL					
Current Mailing Address:			New Maili	New Mailing Address:		
2909 W. B SUITE 206 TAMPA, F		.VD.				
FEI Number: 23-2904467 FEI Number Applied For ()		FEI Number Not App	icable ()	Certificate of Status Desired ()		
Name and	l Address of C	Current Registered Agent:	Name and	Address	of New Registered Agent:	
1200 SOU	POORATION S TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity : e of Florida.	submits this statement for the	e purpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered A	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	RASMUSSEN,	INGTON ST, SUITE 614	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KEJ, ASGER	Delete INGTON ST, SUITE 614 R 97204	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HAVNO, KARS	INGTON ST, SUITE 614	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WOOD, DAVID	INGTON ST, SUITE 614	Title: Name: Address: City-St-Zip:		(X) Change ()Addition BERT S ASHINGTON ST, SUITE 614), OR 97204	
Title:	VP ()	Delete	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT S. CARR PS 02/23/2007

319 SW WASHINGTON ST. SUITE 614

Address:

City-St-Zip: PORTLAND, OR 97204