

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90033 008 ***158.75

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1. Entity Name
AMERICAN WATER CHEMICALS INC.



Principal Place of Business
9001 BRITTANY WAY
TAMPA, FL 33619 US

Mailing Address
9001 BRITTANY WAY
TAMPA, FL 33619 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number
95-4412808

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME MALKI, MAZEN
STREET ADDRESS 45 SHEPPARD AVE., E STE. 221
CITY-ST-ZIP TORONTO, CANADA, m2n 5w9

TITLE **D** Change Addition
NAME MALKI, MAZEN
STREET ADDRESS 45 SHEPPARD AVE., E STE 221
CITY-ST-ZIP TORONTO, ONTARIO, CANADA m2n5w9

TITLE **P** Delete
NAME KALANTAR, ALI
STREET ADDRESS 10209 TIMBERLAND POINT DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE **D** Change Addition
NAME KALANTAR, ALI
STREET ADDRESS 10209 TIMBERLAND POINT DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Change Addition
NAME ALMALKI, MOHANNAD
STREET ADDRESS 8568 HUNTERS KEY CIRCLE
CITY-ST-ZIP TAMPA, FL 33647

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-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:

MOHANNAD ALMALKI

1/9/06

813-246-5448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #