


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90040 036 ***158.75

DOCUMENT # F94000001871					
1. Entity Name AMERICAN WATER CHEMICALS INC.					
Principal Place of Business 9203 KING PALM DR. SUITE A TAMPA, FL 33619 US			Mailing Address 9203 KING PALM DR. SUITE A TAMPA, FL 33619 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-4412808	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME MALKI, MAZEN		TITLE	NAME	
STREET ADDRESS 45 SHEPPARD AVE., E STE. 221	CITY-ST-ZIP TORONTO, ONTARIO CANADA, M2N- W9		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME KALANTAR, ALI		TITLE	NAME	
STREET ADDRESS 10209 TIMBERLAND POINT DRIVE	CITY-ST-ZIP TAMPA, FL 33647		STREET ADDRESS	CITY-ST-ZIP	
TITLE P	NAME ALMALKI, MOHANNAD		TITLE	NAME ALMALKI, MOHANNAD	
STREET ADDRESS 8568 HUNTERS KEY DR	CITY-ST-ZIP TAMPA, FL 33647		STREET ADDRESS 2303 BOTTEGA LANE, APT. 203	CITY-ST-ZIP BRANDON, FL 33511	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		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: _____			PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/30/08		
Daytime Phone #: 813-641-3932			Daytime Phone #:		