


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000005752 1. Entity Name AQUA TERRA CONSULTANTS, INC.	
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Principal Place of Business 2685 MARINE WAY STE. 1314 MOUNTAIN VIEW, CA 94043 US	Mailing Address 2685 MARINE WAY STE. 1314 MOUNTAIN VIEW, CA 94043 US
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2972392	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONIGIAN, ANTHONY S 2685 MARINE WAY, STE. 1214 MOUNTAIN VIEW, CA 94043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONIGIAN, NANCY A 2685 MARINE WAY, STE. 1314 MOUNTAIN VIEW, CA 94043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BICKNELL, BRIAN 2685 MARINE WAY, STE. 1314 MOUNTAIN VIEW, CA 94043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IMHOFF, JOHN 735 MAIN ST OURAY, CO 81427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANDONAY, MARY 2685 MARINE WAY, STE 1314 MOUNTAIN VIEW, CA 94043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP KITTLE, JOHN L 1150 E. PONCE DE LEON AVE STE 355 DECATUR, GA 30030

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01/17/07-80035-014 158.75

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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:  **MARY SHANDONAY**
VP of ADMINISTRATION 1/12/07 (650) 962-1864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #