


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 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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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

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

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000789687
01/23/08-80003-013 158.75**

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 150 E PONCE DE LEON AVE STE 355 DECATUR, GA 30030

**DO NOT WRITE
IN THIS SPACE**

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 **1/14/08** **(650) 962-1864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #