2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am Secretary of State DOCUMENT # G52974 02-12-2007 90110 017 ***158.75 FLORIDA AQUASTORE AND UTILITY CONSTRUCTION. Principal Place of Business Mailing Address 47222 N.W. BOCA RATON BLVD. 4722 N.W.BOCA RATON BLVD. STE. C-102 BOCA RATON FL 33431 STE. C-102 BOCA RATON FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 59-2317143 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mamo WHELCHEL, JOHN Street Address (P.O. Box Number is Not Acceptable) 1250 SABAL PALMS DRIVE **BOCA RATON FL 33432** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change THILE ☐ Defete HILE Addition WHELCHEL, JOHN D. NAME NAME 4722 N.W BOCA RATON BLVD., STE. C-102 STREET ADDRESS STREET ADORESS **BOCA RATON FL** CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THLE ☐ Change Addition SICURO, MARCELO NAME NAME 4722 NW BOCA RATON BLVD STE C-102 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CHY-ST-7IP Delete ☐ Change TITLE TITLE NAME NAME Thomas Matthew Whelchel STREET ADDRESS 4722 NW Boca Raton Blvd., Suite C-102 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Boca Raton, FL 33431 Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP Addition IIIU ☐ Delete ME NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP ☐ Change ☐ Addition OTLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 truster 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 the empowered.

SIGNATURE

JOHN WHEICHEL 1/29/07

FILED