2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

1. Entity Name INDUSTRIAL WATER SERVICES, INC.							03-13-2006 90	0073 04	6 ***150.0	00
1640 TALLEYRAND AVENUE			Mailing Address PO BOX 43369 JACKSONVILLE, FL 32203		•					
2. Principal Place of Business 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092006	Chg-P	CR2E	34 (11/05)			
City & State		City & State		4. FEI Numbe 59-2678				oplied For ot Applicable		
Zip			Zip			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6, Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
BUBLEY A THOMAS					Name					
DUDLEY, A. THOMAS 4135 VENETIA BLVD JACKSONVILLE, FL 32210					Street Address (P.O. Box Number is Not Acceptable)					
Unoncon	* 100m, 1 L	QZZ 10								
					City			FL	Zip Cod	e
	named entiti ions of regist		the purpose of changing its	register	ed office or reg	gistered agent, or bot	h, in the State of Flo	orida. Iam	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature re	equired 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.										
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TILE	DP		DIRECTORS Delete	m	£ 1	V			Channe	S IN 11
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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 anofficer 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 attachryent with an address, with all other like expowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

Bachara D Brown

3/9/06

904-354-037

Daytime Phone #