


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J25884
 1. Entity Name
 MCDADE WATERWORKS, INC.



Principal Place of Business
 5410 56TH COMMERCE PARK BLVD
 TAMPA, FL 33610 US

Mailing Address
 P.O. BOX 16039
 TAMPA, FL 33687-039 US

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2857498

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WACHSMUTH, WALTER K.
 11503 CERCA DEL RIO PLACE
 TEMPLE TERRACE, FL 33617-2620

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 _____ DATE _____
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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WACHSMUTH, MARIE M. 11503 CERCA DEL RIO PL TEMPLE TERRACE, FL 336172620
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST WACHSMUTH, WALTER K. 11503 CERCA DEL RIO PL TEMPLE TERRACE, FL 336172620
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000431725
 02/23/06-80041-002 150.00

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 another who empowered.

SIGNATURE: *Marie Wachsmuth* **MARIE Wachsmuth** *2/10/2006* **740-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #