


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90036 027 \*\*\*150.00

<b>DOCUMENT # J87852</b>	
1. Entity Name <b>WATER MANIA, INC.</b>	

**60067848**



Principal Place of Business <b>6073 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747</b>	Mailing Address <b>6073 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747</b>
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2. Principal Place of Business <b>3601 Commerce Blvd.</b>	3. Mailing Address <b>3601 Commerce Blvd.</b>
Suite, Apt. #, etc. <b>Suite F</b>	Suite, Apt. #, etc. <b>Suite F</b>
City & State <b>Kissimmee FL</b>	City & State <b>Kissimmee, FL</b>
Zip <b>34741</b>	Country <b>U.S.</b>

01132006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2843854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LARSON, GARY ROBERT 6073 W IRLO BRONSON MEM. HWY KISSIMMEE, FL 34746</b>	7. Name and Address of New Registered Agent Name <b>Larson, Gary Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>3601 Commerce Blvd. Suite F</b> City <b>Kissimmee</b> FL <b>34741</b>
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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

*Gary Robert Larson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/19/06**

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. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, GARY ROBERT 4345 N STAFFORD CRT PROVO, UT 84604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARSON, RANDAL KAMP 1651 S. NARCOOSEE RD. ST. CLOUD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #