

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 027 \*\*\*150.00

<b>DOCUMENT # K76276</b> 1. Entity Name H2O ENVIRONMENTAL, INC.					
Principal Place of Business 1061 WEST OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311			Mailing Address 1061 WEST OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1801 S. FEDERAL HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 218			
City & State		City & State DELRAY BEACH FL			
Zip	Country	Zip 33483	Country US	4. FEI Number 65-0111735	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEYOND ACCOUNTING & BOOKKEEPING, INC 1801 S FEDERAL HWY, SUITE 238 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name: Beyond Accounting & Bookkeeping, Inc Street Address (P.O. Box Number is Not Acceptable): 1801 S. FEDERAL HWY STE 218 City: DELRAY BEACH FL Zip Code: 33483		
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:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS HURST, CRAIG 371 SE 14TH AVENUE POMPANO BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOANN P.O. BOX 725 HOLLY HILL, SC 29059		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:  Craig Hurst 2/27/07 954 565 7650					