2006 LIMITED LIABILITY COMPANY

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WARAGING MEMBER. C

FILED ANNUAL REPORT Feb 20, 2006 08:00 AM **DOCUMENT # L00000001319** Secretary of State WATER SOLUTIONS, LLC Principal Place of Business Mailing Address 2118 DREW STREET 2118 DREW STREET **CLEARWATER, FL 33765** CLEARWATER, FL 33765 01042008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3623549 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETRY, H.J. DO NOT WRITE 2118 DREW STREET IN THIS SPACE CLEARWATER, FL 33765 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priviled name of respectived agent and title if separation. (NCTC. Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 100000433678 03/02/06-80010-017 50.00 MANAGING MEMBERS/MANAGERS 9. MGR me MAME PETRY, H.J. "PETE" STREET ADDRESS 2118 DREW STREET #B CITY-ST-ZIP CLEARWATER, FL 33765 TISLE NAME STREET ADDRESS CITY-ST-ZIP MALIF STREET ADDRESS DO NOT WRITE CITY-ST-ZIT IN THIS SPACE MUE NAME STREET ADDRESS CITY-ST-ZIP HAME STREET ADDRESS CITY-ST-ZIP MANE STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that t am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

737.443-6211