

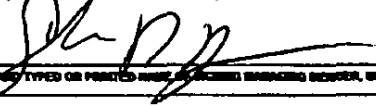


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-06-2007 90073 045 ****50.00

DOCUMENT # L06000024148			
1. Entity Name ABSOLUTE AQUA WATER TREATMENT SYSTEMS LLC			
Principal Place of Business 8936 SNOW HILL LANE JACKSONVILLE, FL 32221		Mailing Address 8936 SNOW HILL LANE JACKSONVILLE, FL 32221	
2. Principal Place of Business - No P.O. Box # 9432 Cypress Ridge Ct		3. Mailing Address	
Suite, Apt. #, etc. Jacksonville FL		Suite, Apt. #, etc.	
City & State 32219 US		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent THOMPSON, SHAWN D 8936 SNOW HILL LANE JACKSONVILLE, FL 32221		7. Name and Address of New Registered Agent Name Shawn D. Thompson Street Address (P.O. Box Number is Not Acceptable) 9432 Cypress Ridge Ct. Jacksonville City FL Zip Code 32219	
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: 2/28/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR THOMPSON, SHAWN D 8936 SNOW HILL LANE JACKSONVILLE, FL 32221 <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	MGR Shawn Thompson 9432 Cypress Ridge Ct Jacksonville FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE: 2/28/07 (904)864-6947			