
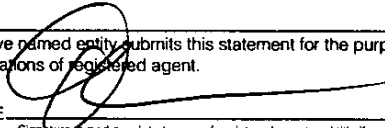
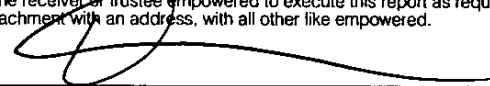


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90001 008 \*\*\*150.00

<b>DOCUMENT # L06325</b> 1. Entity Name <b>ADVANCED WATER ENGINEERING, INC.</b>					
Principal Place of Business <b>% DAVID K. SILVERMAN</b> <b>1111 PINETREE DR</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>			Mailing Address <b>% DAVID K. SILVERMAN</b> <b>1111 PINETREE DR</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>		
2. Principal Place of Business <b>1300 Pinetree Dr.</b>		3. Mailing Address <b>1300 Pinetree Dr.</b>			
Suite, Apt. #, etc. <b>Suite 5</b>		Suite, Apt. #, etc. <b>Suite 5</b>			
City & State <b>Indian Harbour Beach, FL</b>		City & State <b>Indian Harbour Beach, FL</b>			
Zip <b>32937</b>		Country <b>USA</b>		4. FEI Number <b>59-2961867</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SILVERMAN, DAVID K.</b> <b>1111 PINETREE DR</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>			7. Name and Address of New Registered Agent Name <b>Silverman, David K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 Pinetree Dr</b> <b>Suite 5</b> City <b>Indian Harbour Beach, FL</b> Zip Code <b>32937</b>		
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 <b>7/31/06</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SILVERMAN, DAVID K. <input type="checkbox"/> Delete 1111 PINETREE DR INDIAN HARBOUR BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SILVERMAN, DAVID K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 Pinetree Dr, Suite 5 Indian Harbour Beach, FL 32937	
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	
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: 			Date <b>7/31/06</b> Daytime Phone # <b>321-777-4909</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

00023993



07182006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name Silverman, David K.

Street Address (P.O. Box Number is Not Acceptable)

1300 Pinetree Dr

Suite 5

City Indian Harbour Beach, FL

Zip Code 32937

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 7/31/06

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**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPTS  
SILVERMAN, DAVID K. ☐ Delete  
1111 PINETREE DR  
INDIAN HARBOUR BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPTS SILVERMAN, DAVID K. ☒ Change ☐ Addition  
1300 Pinetree Dr, Suite 5  
Indian Harbour Beach, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: 

Date 7/31/06 Daytime Phone # 321-777-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #