2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# L08000005734

Entity Name: ALKALINE WATER HEALTH SCIENCE "LLC"

Current Principal Place of Business:

361 TRADEWINDS AVE
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

361 TRADEWINDS AVE
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PURVIS, JOHN K
361 TRADEWINDS AVE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PURVIS, JOHN K
Address: 361 TRADEWINDS AVE
City-St-Zip: NAPLES, FL 34108 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MIKE, JONES
Address: 3622 MARGINA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE JONES MGR 06/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date