PROFIT CORPORATION ANNUAL REPORT Sarora B. Monthan. Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L63426 (5) KEYS WATER SYSTEMS, INC. Principal Place of Eusiness Mailing Address 34 N W 9TH AVE HOMESTEAD FL 33030 US 2. Principal Place of Business 2. Mailing Address 4. FETN, infiber 4. O4/09/1990 04/04/1995 2. Principal Place of Business 2. Mailing Address 4. FETN, infiber 65-0186255 Another principal Place of Business 2. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Certificate of Status Desired 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Suite, Apt. #, etc. 3. Suite, Apt. #, etc.	FILE	NOW: FILI	NG FEE AFT	ER MAY 1	IS \$2	25.00					
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28		, etc.		Suite, Apl. #, etc.					\$8.7	5 Additional	-
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the precisions of Sections 607 (2002 and 607 (3004) Florida Statutes (by the Current Registered Agent of the Current Registered Agent Agent Agent Registered Agent Agent Agent Registered Agent Agent Agent Registered Agent Registered Agent Agent Registered Agent Reg	23		· · · · · · · · · · · · · · · · · · ·								
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2521 S.E. 19TH PL HOMESTEAD FL 33035 84 Cry FL 85 Zpr Code		5, Italie alla Addi	ess or current negist	erea Agent		81 Name	10. Name and Address of Net	v Registered /	\gent		-
2521 SE. 19TH PL. HOMESTEAD FL 33035 84 Cry						82 Street Add	lress (P.O. Box Number is Not Accer	table)			-
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fixidial Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Fordus. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eight of the obstances of Section 607.0505, Fixidial Statutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the obstances of Section 607.0505, Fixidial Statutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the obstances of Section 607.0505, Fixidial Statutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the care provided of directors. I hereby accept the appointment as registered eight of the care provided in the provided of the corporation of the purpose of changing its registered eight of the care provided in the purpose of changing its registered eight of the appointment as registered eight of the purpose of changing its registered eight of the eight of the care purpose of changing its registered eight of the care purpose of the purpose of changing its registered eight of the purpose of changing its registered eight of the care purpose of the purpose of changing its registered eight of the purpose of the purpose of changing its registered eight of the purpose of the purpose of changing its registered eight of the purpose of changing its registered eight of the purpose of the purpose of changing its registered eigh									,		
11. Pursuant to the provisions of Sockons 607,0002 and 607,1506. Folidar Stelutes, the above named corporation submits this statement for the purpose of changing at registered office or registered agent or both, in the State of Florida. Such change was authorized by the conjugation's board of directors. I hardedly accept the appointment as registered agent. I am in the statement for the purpose of changing at registered office or provided agent and the statement of the purpose of changing at registered agent. I am in the statement of registered agent. I am in the statement of registered agent. I am in the statement of the purpose of changing at registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registered agent. I am in the statement of the purpose of the appointment as registe	HOME	STEAD FL 33035									
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	familiar with	n, and accept the oblig	ations of, Section 607.0	1505, Florida Statute	is.	зогрогалон в тол.	ird of directors. Thereby accept the a	ppointment as	registered	Fagent, Fam	
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certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapped, or on an attachment with an address.

SIGNATURE:

MALLICK Sudy Worth

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF PIONING OFFICER OR DIRECTOR

Day of Phone Proces