

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L66212

FILED
Aug 20, 2007
Secretary of State

Entity Name: WATER SYSTEMS IRRIGATION SPECIALISTS OF FLORIDA, INC.

Current Principal Place of Business:

1880 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1880 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3006075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, MARK
56613 OTTER RD
ASTOR, FL 32102 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACDONALD, MARK S PRES
Address: 56613 OTTER ROAD
City-St-Zip: ASTOR, FL 32102

Title: O (X) Delete
Name: KENDALL, MADELINE D VP
Address: 3605 IBIS DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MACDONALD

PRES

08/20/2007

Electronic Signature of Signing Officer or Director

Date