2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# N05000010083

Entity Name: CHURCH OF THE LIVING WATER INC.

Current Principal Place of Business:

P.O. BOX 18343
WEST PALM BEACH, FL 33416

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18343
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 20-3585611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: ROSA, FREDDIE
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D ( ) Delete
Name: ROSA, ROSE MARY
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D ( ) Delete
Name: MAXWELL, GORDON
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D ( ) Delete
Name: BONES, SARAH
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROSA, FREDDIE
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

Title: V (X) Change ( ) Addition
Name: ROSA, ROSE MARY
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

Title: T (X) Change ( ) Addition
Name: MAXWELL, GORDON
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S (X) Change ( ) Addition
Name: BONES, SARAH
Address: P.O. BOX 18343
City-St-Zip: WEST PALM BEACH, FL 33416

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDIE ROSA P 02/22/2006

Electronic Signature of Signing Officer or Director — Date