


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90025 039 ****61.25

DOCUMENT # N05000012914	
1. Entity Name PURRE WATER COALITION, INC	

Principal Place of Business 7181 COLLEGE PKWY SUITE 40 FORT MYERS FL 33907	Mailing Address 13300-56 SOUTH CLEVELAND AVE SUITE 256 FORT MYERS FL 33907
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 74-3156964	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAUREEN VALIQUETTE 1206 BAY DRIVE SANIBEL, FL 33957

7. Name and Address of New Registered Agent Name: MAUREEN VALIQUETTE Street Address (P.O. Box Number is Not Acceptable): 1206 BAY DRIVE City: SANIBEL FL Zip Code: 33957
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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: Maureen Valiquette, Treasurer DATE: 5/4/07

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDBLAD, A. ERICK 3333 SANIBEL CAPTIVA RD SANIBEL FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER VALIQUETTE, MAUREEN 1206 BAY DRIVE SANIBEL FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRING, RALPH 1041 PERIWINKLE WAY SANIBEL FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKS, ROBERT 14507 CALUSA LMS DR FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECRETARY HUMPHRIES, ROBIN (Humphrey) 6424 PINE AVE SANIBEL FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COOLEY, BARBARA 4241 OLD BANYAN WAY SANIBEL FL 33957 <input checked="" type="checkbox"/> Delete DELETE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/CHAIRMAN MICHAEL J. VALIQUETTE 1206 BAY DRIVE SANIBEL FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAWN SELIGER 13881 BLENHEIM TRAIL FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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 617, 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: Maureen Valiquette, Treasurer MAUREEN VALIQUETTE 5/4/07 239-395-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #