.2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90224 010 ****61.25

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1. Entity Name WATERS I INC.	EDGE AT LAKE CHARLES									
Principal Place C/O PHEONIX 3082 JOG ROA LAKE WORTH,	MGMT. Ad	Mailing Address C/O PHEONIX MGMT. 3082 JOG ROAD LAKE WORTH, FL 3346								
2. Principal Pla	ace of Business - No P.O. Box #	<u> </u>								
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		03272007 Ch	g-NP	CR2E037	(12/06)			
City & State		City & State			4. FEI Number 65-033798	1		<u> </u>	oplied For of Applicable	
Zip -	Country	Zip	Count	try	5. Certificate of Status Desired					
<u> </u>	6. Name and Address of Current F	Registered Agent			7. Name and Addr	ess of New F	Registered Age	ent		
ROSENTHA	AL, DAVID C			Name						
	NIX MANAGEMENT SERVICE	S		Street Address (P.O. Box Number is Not Acceptable)						
LAKE WOR	RTH, FL 33467									
			City			FL Zip Code				
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered	d office or regist	tered agent, or both, in t	the State of Fl	orida. I am fan	niliar with,	and accept	
SIGNATURE _										
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered /	Agent signature requi	red when reinstating)		DATE			
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	mpaign Fin	nancing _	\$5.00 May Be Added to Fees		DATE Make check prida Departm			
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Car Trust Fund C	mpaign Fin	nancing n. []	\$5.00 May Be	Flo	Make check p	ent of SI	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 at rustee 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 which and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

954-463-8395