2001 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # N9500001990  1. Entity Name GIFT OF WATER, INC.							Mar 28, 2001 08:00 AM Secretary of State				
Principal Place of Business  1090 HWY A1A SUITE 101 SATELLITE BEACH FL 32937			Mailing Address P.O. BOX 372323  SATELLITE BEACH FL 32937			-					
2. Principal Place of Business 3. Mailing Address 1000 INSPIRATION LANE P.O. BOX 372323											
<ul> <li>Suite, Apt. i</li> <li>VOCATIONAL</li> </ul>			Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE		
City & State	9	FL	City & State SATELLITE BEACH FL				4. FEI Number Applied For S9-3318662 Not Applicable				
Zip 32934	ip Country		·		intry			\$9.75 Additional			
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered			
WARWICK THOMAS P 3845 PINE CONE RD.					Name Street A	ddress (P.O. Box Numbe	er is Not Acceptable)	)		-	
MELBOURNE FL 32934 US					City FL Zip				Zip Code		
Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered A  FILE NOW:  9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees			Payable to		
40	1 44 86 5 5	OFFICERS AND DIE	TOTOTO	1 44		* ODITION (O. 10)	13 (CH.)		*******		
TITLE	D	OFFICERS AND DIF	Delete	11.	-	ADDITIONS/CH	ANGES TO OFFICER	RS AND D	RECTORS IN Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PEZULLO 982 SHAW	CIR.		NAM STRE		PEZZULLO JO 982 SHAW CIR.	SEPH	ы		☐ Addition	
TITLE NAME	D STEWAR	<del> </del>	FL 32940 ☐ ☐ Delete	TITL		MELBOURNE  D STEWART FRA	ANCIS	FL	32940 X Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	MELBOU	ICKMAN RD. RNE	FL 32940	CITY	ET ADDRESS -ST-ZIP	6939 N. WICKMAN RI MELBOURNE	D.	FL	32940 X Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYTLE STACY 1487 BEECHFERN DR. MELBOURNE		☐ Delete  FL 32935	NAME STRE		D LYTLE ANAS 1487 BEECHFERN DE MELBOURNE	BEECHFERN DR.			∏ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARER 1457 ASTI WINTER I	ER CT.	☐ Delete			D PEZZULLO MA 982 SHAW CIR. MELBOURNE	ARY ANN	FL	<b>№</b> Change 32940	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARWIC	K BARBARA CONE RD.	☐ Delete	TITU NAM STRI		D	VICK BARBARA J INE CONE RD		Change 32934	Addition	
TITLE NAME STREET ADDRESS		CONE RD.	☐ Delete		E ET ADDRESS	3845 PINE CONE RD.	OAMS P		<b>∑</b> Change	☐ Addition	
CITY-ST-ZIP	MELBOU.	RNE	FL 32934	CITY	-ST-ZIP	MELBOURNE		FL	32934		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: THOMAS P. WARWICK

03/28/2001

CR2E037 (11/00)