


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N97000001020 1. Entity Name FOUNDATION FOR INTER-AMERICAN DIALOGUE ON WATER MANAGEMENT, INC.	
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Principal Place of Business 3240 CORPORATE WAY MIRAMAR, FL 33025	Mailing Address 3240 CORPORATE WAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE

01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0739057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLEDGE, ALLAN 3240 CORPORATE WAY MIRAMAR, FL 33025	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000791493 01/23/08-80078-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLEDGE, ALLAN 3240 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, DAVID W 657 ALSTEAD CENTER ROAD ALSTEAD, NH 03602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, LEONARD 3970 RCA BLVD. SUITE 3210 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Alan Milledge 1/15/08 954-885-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #