

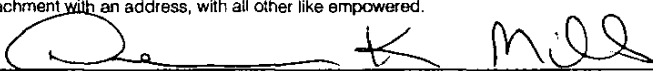


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Jul 23, 2007 8:00 am
Secretary of State

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DOCUMENT # N99000003525				Secretary of State	
1. Entity Name LIVING WATERS OF MIDDLEBURG, INC.				07-23-2007 90040 002 ****70.00	
Principal Place of Business 4524 CAMELLIA STREET MIDDLEBURG, FL 32068		Mailing Address 4640 CR 218 WEST MIDDLEBURG, FL 32068			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2143			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07182007 Chg-NP CR2E037 (12/06)	
City & State		City & State Middleburg, FL 32050		4. FEI Number 59-3584746	
Zip		Zip 32050		Applied For Not Applicable	
Country		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLS, DENNIS K 4640 CR 218 WEST MIDDLEBURG, FL 32068				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 September 14, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLS, DENNIS K		NAME		
STREET ADDRESS	PO BOX 2143		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32050		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEESE, SHAWN B		NAME		
STREET ADDRESS	5557 OREGON TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLS, BRENDA K		NAME		
STREET ADDRESS	P.O. BOX 2143		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32050		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINTON, DONNA		NAME		
STREET ADDRESS	1624 BIG BRANCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, KENNETH		NAME		
STREET ADDRESS	125 PLANKTON AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, ROBIN		NAME		
STREET ADDRESS	125 PLANKTON AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
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:  7-18-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					