## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2007 8:00 am Secretary of State

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DOCUMENT # P0000023313  1. Entity Name ALL NATURAL WATER RESTORATION, INC.						01-16-2007	7 90260 036 ***15	50.00	
Principal Place of Business Mailing Address				1			500001	r Q Q	
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2783 EASTRIDGE DR P.O BOX 984			24602						
PALM HARBOR, FL 34683 PALM HARBOR, FL 3468			34003						
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2 Principal Pl	ace of Business - No P.O. Boy #								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3334 Covered Bridge DT					1 (22)(92) (2	Mairi Chin Milin Milin Ch	UR <b>ab</b> ita m <b>ara</b> juan indi mendi i	THERE AT LEGIC	
Suita Aat	Suite, Apt. #, etc.	ite Ant # etc							
Suite, Apt. #, etc.		Builto, Apr. #, otc.	Suite, Apr. #, etc.			Chg-P	CR2E034 (12/06)		
City & State City & State					4. FEI Numb	nr .	I Ar	polied For	
Dunedin, FL City & State						NOT APPLICABLE Not Applicable			
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2461 0	Country	Zip	Zip Country			of Status Desired	Fee Require		
34698 Pinellas				T		Address of New I			
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New I	refisemen Whent		
TODOK (	CANINE			I Valle	or or	-loan	ne	1	
TOROK, JO				Street Address (P.O. Box Number is Not Acceptable)					
	rridge dr RBOR, FL 34683			Substitutions (1.0. box number of not recopulate)					
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9 The shows	named entity submits this statement for	the numose of changing	ite register			th in the State of F	lorida. Lem femiliar with.		
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SIGNATURE.	Soanne Jos	or-tre	<u>5 ( Or )</u>	~~	- your	we so	<del>~~~</del>	<u></u>	
	Signatura typed or printed name of registered agent a	and title if applicable. (3	VOTE: Register	ed Agent signatu	re required when religitating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.0		ontribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS			·		CHANGES TO OF	FICERS AND DIRECTOR		
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	certify that the Information supplied with	this filing does not come			ontained in Chanter 11	O Florida Statutos	I further certify that the	information	
	t an thin monet or aumolomontal conort is	n taua and accurate and th	nat mw einn	atura chall h	ova tha cama lacal atte	ADOLL ADACO 1: 28 12	r oam: mat i am an omica	rordirector i	
of the co	rporation or the receiver or trustee emp , or on an attachment with an address,	owered to execute this rep	port as requ	uired by Cha	pter 607, Florida Statu	es; and that my nar	me appears in Block 10 o	or Block 11 if	
	or on an emergraphor with an endicate	MARILLE MILLER FREDERICH FINNER	n erall l						

SIGNATURE:

1-11-07 (727) 787-6783

Date Daytine Phone #