2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000047348

Entity Name

WATERCUT TECHNIQUE, INC.



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

12Z19 SIESTA DR. FORT MYERS BEACH, FL 33931 Mailing Address

25263 CHAMBER OF COMMERCE DR. BONITA SPRINGS, FL 34135



04062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3649963

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GOLF TO GULF BUILDERS, INC. 25263 CHAMBER OF COMMERCE DR BONITA SPRINGS, FL 34135

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>					
SIGNATURE Signature, typed or printed name of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE Name Street address City-St-Zip	PTD VIVIRELLI, SIDY 12219 SIESTA DR. FORT MYERS BEACH, FL 33931				U00000539474 05/03/06-89103-036 50.00
TITLE NAME STREET ACORESS CITY-ST-ZIP	·				#00000543709 05/11/06-80004-016 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 eccurate and that my signature shall have the same legal effect as it made under ooth; that I am an officer or director					

12. Thereby certify that the information supplied with this hing does not qualify for the exemptions contained in Chapter (19, Fichias Statutes, 1 jump) events that we indicated on this report or supplemental report is true and executate 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 607, 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:

P. Vicel

04-24-06 239-948-0899