2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000082943

1. Entity Name
H20 PRODUCTS INC.

Principal Place of Business	Mailing Address
1800 S.W. 73 AVE PLANTATION, FL 33317	1800 S.W. 73 AVE PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

04222006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
04-3601427		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEIFREIT, SANDRA
1800 S.W. 73 AVE
PLANTATION, FL 33317

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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 *SANDRA SEIFREIT*   *Sandra B Seifreit*   *4-22-06*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when registering)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	H00000535188 05/08/06-80043-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEIFREIT, L.R.
STREET ADDRESS	1800 SW 73 AVE
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	VP
NAME	SEIFREIT, SANDI
STREET ADDRESS	1800 SW 73 AVE
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *L. R. SEIFREIT*   *4-22-06*   *954-791-2883*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #