
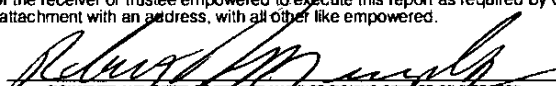


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90832 047 ***150.00

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1. Entity Name W.A.T.E.R., INC.																																																																																																																																																											
Principal Place of Business 333 FALLEN BURG RD. A-128 TAMPA, FL 33619			Mailing Address P.O. BOX 3340 APOLLO BEACH, FL 33572																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 235 APOLLO BEACH BLVD																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 311																																																																																																																																																									
City & State		City & State APOLLO BEACH FL		4. FEI Number 59-3678352																																																																																																																																																							
Zip		Country 33572		Country US																																																																																																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
RICHARD, RALPH P ESQ 12561 ALLENDALE CIRCLE FORT MYERS, FL 33912				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																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">D MURPHY, ROBERT J <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 5px;"></td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1441 JUMANA LOOP</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1441 JUMANA LOOP</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">APOLLO BEACH, FL 33572</td> <td></td> <td style="padding: 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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.																																																																																																																																																											
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<div style="display: flex; justify-content: space-between;"> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> </div>																																																																																																																																																											