2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** May 01, 2007 08:00 AM Secretary of State DOCUMENT # P01000003991 1. Entity Name JUST WATER, INC. Principal Place of Business Mailing Address 1547 NW 165 ST 1547 NW 165 ST MIAMI, FL 33169 MIAMI, FL 33169 04302007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 52-2290254 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOODSIDE, LUCRICIA DO NOT WRITE 13395 NE 14 AVE MIAMI, FL 33161 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS DPS TITLE NAME WOODSIDE, LUCRICIA STREET ADDRESS 13575 NE 14TH AVE CITY-ST-ZIP N. MIAMI, FL 33161 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

000000751988 05/18/07-80125-016 158.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-690-4328