


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000042528 1. Entity Name CONSOLIDATED WATER WORKS, INC.	
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Principal Place of Business 207 SOUTHEAST BAXTER LANE LAKE CITY, FL 32025 US	Mailing Address P.O. BOX 191 LAKE CITY, FL 32056
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01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1508715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESPENSHIP, JOHN M 207 SOUTHEAST BAXTER LANE LAKE CITY, FL 32025	
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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 _____ (NOTE: Registered Agent signature required when resetting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000590608 01/18/07-80064-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESPENSHIP, JOHN M 1080 ALAMO DR LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPENSHIP, JEFFREY D 736 JAMIE WAY WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPENSHIP, SEAN 1850 6TH AVE. N. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  1/9/07 (386) 752-6729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #