2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
DOCUI	MENT # P010000425			Mar 20, 2006 08:00 AM Secretary of State	
FONTAIN	E'S LIFE WATER, INC.				
Principal Plac	e of Business	Mailing Address			
435 NW 90TH STREET MIAMI FL 33150 US		435 NW 90TH STREET MIAMI FL 33150 US			
2. Principal Place of Business		3. Mailing Address		C (MEG (MEG COL SEUE) I (MIC MEG), MEG) MEG) MEG) C MICH COMM. MICH HERRIN MENIGES, LC AMEL	
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State		City & State		4. FEI Number 65-1099679 Applied For Not Applied:	
Zìp	Country	Zip	Country	5. Certificate of Status Desired	
	5. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
MOLENTINO, RICHARD ROUBEN 435 NW 90TH STREET MIAMI FL 33150				(P.O. Box Number is Not Acceptable)	
			City	FI { Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and access	
SIGNATURE .	Signature typed or printed name of registered age	The transfer of the state of th	ηΣ: Registarea Agent signature require	co when runstating) - DATE	
	ILE NOWIII FEE IS \$150.00		.c. กอปีเมตายา ครื่องประชาการเกต codone	9. Election Campaign Financing \$5.00 May 0	
	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department			Trust Fund Cantribution. Added to Fees	
tg.	OFFICERS AN	D DIRECTORS	tt.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME. STREET ADDRESS CHY-SI-ZIP	MOLENTINO, RICHARD R 435 NW 90TH STREET MIAMI FL 33150	Delote	NAME STREET ADDRESS CITY-SI-ZIP	U00000472746 03/30/06-80006-007 150.00	
TITLE HAME STREET ADDRESS	S MOLENTINO, RUBEN D 435 NW 90TH STREET	□ Delete	THILE HAME STREET ADDRESS	☐ Change ☐ A.A.C.	
MILE NAME STREET AUDRESS CITY-ST-ZIP	MIAMI FL 33150	□ Delote	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SE-ZEP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME SINEEL ADDRESS CITY-ST-ZIP	☐ Change ☐ Adim	
THEE MAME STREET ADDRESS CITY-ST-ZIP		☐ Dolete	TITLE MAME STREET ADDRESS CITY: ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZP		☐ Delete	HILE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ A	
19 I harahu	certify that the information eventied:	dileum tom seath andid such miles	u for the eveninhone contain	ped in Section 119. Florida Statutes. I further certify that the information	

I hereby certify that the information supplied with this hiting does not quality for the exemptions contained in Section 119, Florida Statutes 1 other certify that this 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 direction of 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: