## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000029864

Entity Name: WET SYSTEMS, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
4609 REEC PLANT CIT	E ROAD Y, FL 33566	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX 3 PLANT CIT	749 Y, FL 33563	US			
FEI Number: (	04-3632924	FEI Number Applied For ( )	FEI Num	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and Address of N	lew Registered Agent:	
100 SOUTH ASHLEY DRIVE			LEWIS, SAMANTHA D 4609 REECE ROAD PLANT CITY, FL 33566	US	
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.					
SIGNATURE: SAMANTHA D. LEWIS					04/27/2007
	Electronic	Signature of Registered Agent	t		Date
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () D BERTOLI, JOHN I 1A COVE LANE N NORTH BERGEN	Ē ORTH		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () D LEWIS, SAMANTH 1505 CROOKED VALRICO, FL 335	HA D STICK DR		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D/V () D HORN, JOHN F 1145 LISA LANE BARTOW, FL 33			Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	C/D () D DEAMBROSE, SH 2607 LAKEVIEW PLANT CITY, FL	HERWOOD J WAY		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () D SAUCIER, KENNE 10834 GURNEY F BAKER, LA 7071	ETH C ROAD		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () D CLARK, DUANE L 12060 BEAU VER BATON ROUGE, I	DE COURT		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMANTHA D. LEWIS S 04/27/2007