2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000029864

Entity Name: WET SYSTEMS, INC.

FILED Sep 09, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
C/O MARY A. LAU, ESQUIRE P. O. BOX 838 TAMPA, FL 33601			4609 REECE ROAD PLANT CITY, FL 33566 US			
Current Mailing Address:				New Mailing Address:		
C/O MARY A. LAU, ESQUIRE P. O. BOX 838 FAMPA, FL 33601			P.O. BOX 3749 PLANT CITY, FL 33563 US			
FEI Number: 04-36	El Number: 04-3632924 FEl Number Applied For () FEl Num			nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LAU, MARY A ESQUIRE 100 SOUTH ASHLEY DRIVE SUITE 1700 TAMPA, FL 33602 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: _						
	Electronic	Signature of Registered Agen	t			Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITION					S/CHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	V () BERTOLI, JOHN 1A COVE LANE NORTH BERGE	NORTH
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	S () LEWIS, SAMAN 2717 BROOKVII VALRICO, FL 3	LE DRIVE
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	D/V () HORN, JOHN F 1145 LISA LANE BARTOW, FL 3	
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	C/D () DEAMBROSE, S 2607 LAKEVIEV PLANT CITY, FL	V WAY
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	D () SAUCIER, KENN 10834 GURNEY BAKER, LA 707	ROAD
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	D () CLARK, DUANE 12060 BEAU VE BATON ROUGE	RDE COURT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 09/09/2003

WILLIAM W. BERRY - V 149 HAMPTON MEADOWS HAMPTON, NH 03842