

FILED  
May 27, 2003 8:00 am  
Secretary of State

05-27-2003 90174 013 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000043217</b>		
1. Entity Name <b>THE CURE WATER DAMAGE INC.</b>		
Principal Place of Business 22101 US 19 NORTH CLEARWATER, FL 33765		Mailing Address 22101 US 19 NORTH CLEARWATER, FL 33765
2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>3206 Deronda Dr</b>	
City & State <b>Clearwater FL</b>		City & State <b>Los Angeles CA</b>
Zip <b>33765</b>	Country <b>Peru</b>	Zip <b>90068</b>
4. FEI Number <b>41-2037971</b>		Applied For Not Applicable
5. Certificate of Status Desired <b>X</b>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>AREND, TONY 22101 US 19 NORTH CLEARWATER, FL 33765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 <b>TONY AREND</b> DATE <b>5/22/03</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE <b>Vice President</b> NAME <b>AREND, TONY</b> STREET ADDRESS <b>22101 US 19 NORTH</b> CITY-ST-ZIP <b>CLEARWATER, FL 33765</b>		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <b>President</b> NAME <b>Art Neumann</b> STREET ADDRESS <b>3206 Deronda Dr</b> CITY-ST-ZIP <b>Los Angeles CA 90068</b>		
TITLE <b>Vice-President</b> NAME <b>TONY AREND</b> STREET ADDRESS <b>22101 US 19 North</b> CITY-ST-ZIP <b>Clearwater FL 33765</b>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>TONY AREND</b> DATE <b>5/22/03</b> (727) 796 6868		

Attachment #

**THE WATER CURE, INC.**  
22101 US 19 N  
Clearwater, FL 33765

80122238  
PO 200004325

May 22, 2003

Department of State  
Division of Corporations of the  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

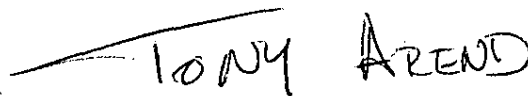
This is to let your know that we have received the Uniform Business Report. Our Lawyer has just informed us that we need to file this form every year, this is the reason we are submitting our payment late.

Due to the above situation, please accept our payment of \$178.75 and remove the \$350.00 penalties.

We need to inform you that due to changes recently made in our corporation structure, Art Neumann who resides in 3206 Deronda Dr., Los Angeles, CA 90068 has been appointed as the President and Tony Arend residing in 2151 Harbor View Dr., Dunedin, FL 34698, has been removed as president and will be acting as Vice-President.

Thanks in advance for the attention to the above matter.

Sincerely,

A handwritten signature that reads "TONY AREND" in capital letters, with a stylized flourish above the name.

Tony Arend  
Vice-President