2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000122290

1. Entity Name
H2O MELONS NICARAGUA, INC.

FILED
04 JUN 10 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1959 S US HWY 27 CLERMONT, FL 34712	1959 S US HWY 27 CLERMONT, FL 34712

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0052872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOEBAUM, CHRISTOPHER W 1959 S US HWY 27 CLERMONT, FL 34712	Name Street Address (P.O. Box Number is Not Acceptable) 10491 Bronson Rd. City Clermont FL Zip Code 34711

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOEBAUM, CATHERINE C 1959 S US HWY 27 CLERMONT, FL 34712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1155 Adgir Park Place Orlando FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOEBAUM, CHRISTOPHER W 1959 S US HWY 27 CLERMONT, FL 34712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10491 Bronson Rd. Clermont, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOEBAUM, ROBERT C 1959 S US HWY 27 CLERMONT, FL 34712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12391 Hull Rd Clermont FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500038426505 06/29/04--01062--001 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] President 4-26-04 321-228-1507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #