2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 07, 2007 08:00 AM DOCUMENT # P03000081437 **Secretary of State** 1. Entity Name WATER AND ENERGY CONTROL, INC. Principal Place of Business Mailing Address 9999 BUCK LAKE RD TALLAHASSEE FL 32317 PO BOX 518 HAVANA FL 32333 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & Stato 4. FEI Number Applied For 59-2069504 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, JERONE J Street Address (P.O. Box Number is Not Acceptable) 9999 BUCK LAKE RD TALLAHASSEE FL 32317 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rigins of registered agent and title it applicable (NOTE: Registered Agant signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete TITLE ☐ Change ☐ Addition ELLIS, JERONE J NAMI PO BOX 518 STREET ADDRESS STREET ADDRESS U00000658815 HAVANA FL 32333 CITY-ST-ZIP CITY-ST-ZIP /16/07-80004-005 150 00 Delete TITE Change ☐ Addition ELLIS, BETTY C NAME NAME PO BOX 518 STRUET ADDRESS STRLET ADDRESS HAVANA FL 32333 CITY-ST-7/P CITY - ST- 71P THE ☐ Delete HILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITU ☐ Delete IME ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP THU ☐ Delete Addition THILE ☐ Change NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CHY-SI-ZiP THE ☐ Deleic Addition mu: Change NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or direction 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.

FILED