

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088494

Entity Name: OASIS PUREWATER INC.

FILED
Jul 14, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 7133
NORTHPORT, FL 34287

New Principal Place of Business:

3092 OKLAHOMA ST.
NORTHPORT, FL 34286

Current Mailing Address:

P.O. BOX 7133
NORTHPORT, FL 34287

New Mailing Address:

3092 OKLAHOMA ST.
NORTHPORT, FL 34286

FEI Number: 20-0204601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOINS, JAMES
7055 KENWOOD DR.
NORTHPORT, FL 34287

Name and Address of New Registered Agent:

GOINS, JAMES
3092 OKLAHOMA ST.
NORTHPORT, FL 34286

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: JAMES R GOINS

07/14/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOINS, JAMES R
Address: 7055 KENWOOD DR.
City-St-Zip: NORTHPORT, FL 34287

Title: S () Delete
Name: GOINS, JENNY
Address: 7055 KENWOOD DR.
City-St-Zip: NORTHPORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOINS, JAMES R
Address: 3092 OKLAHOMA ST.
City-St-Zip: NORTHPORT, FL 34286

Title: S (X) Change () Addition
Name: GOINS, JENNY
Address: 3092 OKLAHOMA ST.
City-St-Zip: NORTHPORT, FL 34286

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: JAMES R GOINS

P

07/14/2004

Electronic Signature of Signing Officer or Director

Date