2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# P03000124963

Entity Name: ALL CLEAR WATER SERVICE INC.

Current Principal Place of Business:

AQUA CARE
5485 LEE STREET UNIT 11
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

AQUA CARE
5485 LEE STREET UNIT 11
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-0276961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAY, EDWARD L
5485 LEE STREET UNIT 11
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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 Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SAY, EDWARD L
Address: 5485 LEE STREET UNIT 11
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD ( ) Delete
Name: SAY, CLIFTON L
Address: 5485 LEE STREET UNIT 11
City-St-Zip: LEHIGH ACRES, FL 33971

Title: STD ( ) Delete
Name: SAY, CAROL A
Address: 5485 LEE STREET UNIT 11
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAY, EDWARD L
Address: 4904 BEAUTY ST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD (X) Change ( ) Addition
Name: SAY, CLIFTON L
Address: 813 ANZA AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: STD (X) Change ( ) Addition
Name: SAY, CAROL A
Address: 4904 BEAUTY ST
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL A SAY STD 03/21/2008

Electronic Signature of Signing Officer or Director — Date