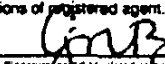
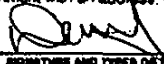


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90241 008 ***150.00

DOCUMENT # P04000012845			
1. Entity Name ENVIRONMENTAL WATER WORKS OF THE EMERALD COAST, INC.			
Principal Place of Business 922 MARWALT DRIVE SUITE 101 FORT WALTON BEACH, FL 32547		Mailing Address 922 MARWALT DRIVE SUITE 101 FORT WALTON BEACH, FL 32547	
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 20-0641182		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELMICH, KEVIN M ESQUIRE 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Ginger L. Barry Street Address (P.O. Box Number is Not Acceptable) 200 Grand Blvd., Suite 205A City Destin FL Zip Code 32550	
8. The above named entity submit 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  Ginger L. Barry 4/27/06 Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires other verification) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MADDEN, GINGER 922 MARWALT DRIVE, SUITE 101 FORT WALTON BEACH, FL 32547 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	O MADDEN, DON A JR 922 MARWALT DRIVE, SUITE 101 FORT WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary/Treasurer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	O MADDEN, ROBERT A 922 MARWALT DRIVE, SUITE 101 FORT WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President ☒ 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
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 exemptions contained 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 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:  AS MANAGER 4/28/06 ESD-EG4-S04C		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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04272006 Chg-P CRZE034 (11/05)