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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000022669		
1. Entity Name BLACKWATER INVESTMENT GROUP, INC.		
Principal Place of Business 5555 ROUND LAKE ROAD ZELLWOOD, FL 32798		Mailing Address P.O. BOX 150 ZELLWOOD, FL 32798
DO NOT WRITE IN THIS SPACE		
		01072008 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0844182		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, ROBERT Q WILLIAMS, SMITH & SUMMERS, P.A. 380 WEST ALFRED STREET TAVARES, FL 32778		
DO NOT WRITE IN THIS SPACE		
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 <u><i>Robert Q Williams</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEIMS, MICHAEL A 1211 ROBIE AVENUE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, KENNETH L 41733 ROYAL TRAILS ROAD EUSTIS, FL 32736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, WILLIAM W POST OFFICE BOX 150 ZELLWOOD, FL 32798	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CHARLES T 28121 TAMMI DRIVE TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, JOSEPH E 925 EAST NINTH AVENUE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>William W Payne</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3-3-08</u> Date Daytime Phone #

U00000847622
03/19/08-80026-022 150.00

**DO NOT WRITE
IN THIS SPACE**