

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000036004

FILED
Jan 19, 2007
Secretary of State

Entity Name: BERNARD EDMONSON WATER TECHNOLOGIES INC

Current Principal Place of Business:

19 COLORADO RD
LEHIGH ACRES, FL 33936

New Principal Place of Business:

202 WALLACE AVE., UNIT 12
LEHIGH ACRES, FL 33971

Current Mailing Address:

19 COLORADO RD
LEHIGH ACRES, FL 33936

New Mailing Address:

202 WALLACE AVE., UNIT 12
LEHIGH ACRES, FL 33971

FEI Number: 20-0811087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMONSON, BERNARD
1314 SW 33RD TERR
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

EDMONSON, BERNARD
202 WALLACE AVE., UNIT 12
LEHIGH ACRES, FL 33971 US

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: BY A. HOWARD AS ATTORNEY IN FACT

01/19/2007

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: EDMONSON, BERNARD
Address: % 19 COLORADO RD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V () Delete
Name: EDMONSON, ELMER
Address: % 19 COLORADO RD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V (X) Delete
Name: BRAWLEY, DANNY E
Address: 5790 WAX MYRTLE WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDMONSON, BERNARD
Address: 202 WALLACE AVE., UNIT 12
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD (X) Change () Addition
Name: EDMONSON, ELMER
Address: 202 WALLACE AVE., UNIT 12
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BY A. HOWARD AS ATTORNEY IN FACT

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01/19/2007

Electronic Signature of Signing Officer or Director

Date