2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 19, 2006 08:00 AM Secretary of State

DOCUMENT # P04000050235 1. Entity Narre MERIDIAN WATER, INC.						Secre	etary (of St	ate	
Principal Place of Business Mailing Address					}					
4501 S MACDILL AVE 4501 S MACDILL AVE					1					
TAMPA, FL 33611 US TAMPA, FL 33611 US			υς		}					
2. Principal I	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008	Chg-P	CR2ED3	4 (11/05)		
City & State		City & State		4. FEI Number				oplied For		
City & State		Cuy & State			20-1656				of Applicable	
Zip	Country	Zíp Co		itry		f Status Desired		8.75 Add		
}	6. Name and Address of Current R	egistered Agent	<u> </u>	· -	7. Name and /	Address of New F		<u>`</u> _		
}		 -		Name						
WHAITES, MARK 4501 S MACDILL AVE			•	Street Address (eet Address (P.C. Box Number is Not Acceptable)					
TAMPA, FL 33611										
[{						
-				City			FL	Zip Cod	e	
6. 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 Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financian Trust Fund Contribution.				ncing \$5.	.00 May Be led to Fees					
10.	OFFICERS AND O	RECTORS	11.		ADDITIONS/C	HANGES TO OFF	TCERS AND	DIRECTOR	S IN 11	
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CITY-ST-ZIP				-ST-ZIP					}	
12. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is tr	is filing does not qualify for up and accordate and that m	the exe	emptions contained ture shall have the	l in Chapter 119, same legal effect	Florida Statules, I as if made under o	further certify bath; that I an	y that the in	nformation or director	
12. I hereby certify that the Information supplied with this filling 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 apprate and that my adjusture 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 employed of the disposite that if you have the corporation or the receiver or trustee employed to disposite the corporation or the receiver or trustee employed to the property of the corporation or the receiver or trustee employed to the corporation of the corporat										