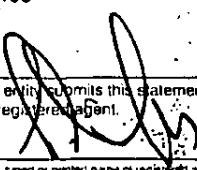
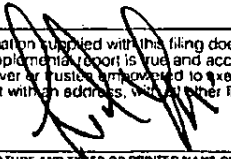


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

4/ FILED
Jun 21, 2005 8:00 am
Secretary of State

04-21-2005 90222 024 ***150.00

DOCUMENT # P04000062748			
1. Entity Name SOFTECK WATER CONDITIONING CORP			
Principal Place of Business 6081 ISLAND WALK BLVD. NAPLES, FL 34119		Mailing Address 6081 ISLAND WALK BLVD. NAPLES, FL 34119	
2. Principal Place of Business		Mailing Address 6081 Island Walk Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
34119	COLLIER	34119	COLLIER
6. Name and Address of Current Registered Agent		-7. Name and Address of New Registered Agent	
YURI, JOSE ANDRES 3260 BERMUDA ISLE CIRCLE SUITE 719-A NAPLES, FL 34109		Name Street Address (P.O. Box Number is Not Acceptable) 6081 Island Walk Blvd City NAPLES FL Zip Code 34119	
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 		DATE 6/14/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YURI, JOSE ANDRES 3260 BERMUDA ISLE CIRCLE SUITE 719-A NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINTO, OLGUIGNHA 3260 BERMUDA ISLE CIRCLE SUITE 719-A NAPLES, FL 34109 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOEGEL, BRUNO 160 22ND AVENUE NW NAPLES, FL 34120 ☒ 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
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 exemption stated in Section 119.07(3)(i), 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 either like empowered.			
SIGNATURE: 		DATE 6/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	