2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90025 031 ***150.00

DOCUMENT # P04000109675

1. Entity Name

DOWN TO EARTH POOLS AND WATERFALLS, INC.

Principal Place of Business	Mailing Address
4780 BONANZA RD LAKE WORTH FL 33467	4780 BONANZA RD LAKE WORTH FL 33467

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4780 Bonanza rd.	4780 Bonenza rd.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Lake Worth, FL.	City & State: Lake Worth, FL.
Zip: 33467 Country: Palm Beach	Zip: 33467 Country: Palm Beach

4. FEI Number 20-1874706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILNER, ROBERT A
~~4259 SW SAVANNAH LOOP~~
~~LAKE CITY FL 32055~~
4780 Bonenza rd.
Lake Worth, FL.
33467

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] 3/15/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD MILNER, ROBERT A ~~4259 SW SAVANNAH LOOP~~ LAKE CITY FL 32055	☐ Delete SEE ABOVE change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILNER, CLAUDIA ~~4259 SW SAVANNAH LOOP~~ LAKE CITY FL 32055	☐ Delete SEE ABOVE change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/15/08 (561)756-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #