

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90025 031 \*\*\*150.00

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000109675</b>                                    |  |
| 1. Entity Name<br><b>DOWN TO EARTH POOLS AND WATERFALLS, INC.</b> |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>4780 BONANZA RD<br/>LAKE WORTH FL 33467</b> | Mailing Address<br><b>4780 BONANZA RD<br/>LAKE WORTH FL 33467</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|



|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>4780 BONANZA RD.</b> | 3. Mailing Address<br><b>4780 Bonanza rd.</b> |
| Suite, Apt. #, etc.                                                       | Suite, Apt. #, etc.                           |

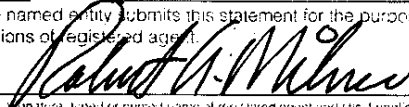
1st MOORE CR2E034 (10/07)

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| City & State<br><b>LAKE WORTH, FL.</b> | City & State<br><b>LAKE WORTH, FL.</b> |
| Zip<br><b>33467</b>                    | Zip<br><b>33467</b>                    |
| Country<br><b>Palm Beach</b>           | Country<br><b>Palm Beach</b>           |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-1874706</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

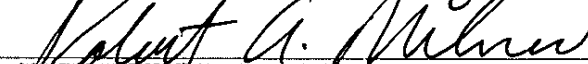
|                                                                                                                                 |  |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MILNER, ROBERT A<br/>4259 SW SAVANNAH LOOP<br/>LAKE CITY FL 32055</b> |  | 7. Name and Address of New Registered Agent<br><br><b>4780 Bonanza rd.<br/>Lake worth, FL.<br/>33467</b> |  |
| Name                                                                                                                            |  | Street Address (P.O. Box Number is Not Acceptable)                                                       |  |
| City                                                                                                                            |  | 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                                                                                                                                   | DATE <b>3/15/08</b> |

|                                                                                                                                                  |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE: IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILNER, ROBERT A<br>4259 SW SAVANNAH LOOP<br>LAKE CITY FL 32055<br><i>SEE ABOVE CHANGE</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MILNER, CLAUDIA<br>4259 SW SAVANNAH LOOP<br>LAKE CITY FL 32055<br><i>SEE ABOVE CHANGE</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowerments.

|                                                                                                |                                    |
|------------------------------------------------------------------------------------------------|------------------------------------|
| SIGNATURE:  | DATE <b>3/15/08</b> (561) 756-6677 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                                    |