2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 07-24-2007 90039 002 ***150.00 **DOCUMENT # P04000154815** 1. Entity Name AMERICAN STAR WATER TREATMENT, INC. Principal Place of Business Mailing Address 2138 NW 29TH PLACE 2138 NW 29TH PLACE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1000x 10.00. RU DI 10001 Suite, Apt. #, etc. Suite, Apt. #, etc. 07222007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3734060 SAW Not Applicable \$8.75 Additional 5. Certificate of Status Desired عاه عاسرد achia Fee Required 75600 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON IV, REGINALD H Street Address (P.O. Box Number is Not Acceptable) 2138 NW 29TH PLACE GAINESVILLE, FL 32605 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition JOHNSON III, REGINALD H NAME NAME 2138 NW 29TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32605 TITLE ☐ Delete TITLE ☐ Change Addition JOHNSON IV, REGINALD H NAME NAME STREET ADDRESS 2138 NW 29TH PLACE STREET ADDRESS GAINESVILLE, FL 32605 CJTY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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.

WIED NAME OF SIGNING OFFICER OR DIRECTO

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FILED Jul 24, 2007 8:00 am