## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000007821

1609 CETONA DRIVE

BOYNTON BEACH, FL 33436 US

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Entity Na	me: ALTERNA	ATIVE H20 SOLUTIONS, INC	D.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2165 17TH SARASOT	STREET A, FL 34234	US				
Current Mailing Address:			New Maili	New Mailing Address:		
2165 17TH SARASOT	STREET A, FL 34234	US				
FEI Number	: 20-2350290	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
2940 S. TA	T, DONALD W AMIAMI TRAIL A, FL 34239	JR. US				
	named entity see of Florida.	submits this statement for the	e purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered A	gent	Date		
		3(2)(b), F.S., the corporation did g Trust Fund Contribution ( ).	not receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) COLYER, RICH 835 S. OSPRE SARASOTA, FL	Y AVENUE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) MILNER, MICH 4182 PALAU DI SARASOTA, FL	RIVE	Title: Name: Address: City-St-Zip:	VP ( MILNER, MIC 7900 N LEEV SARASOTA, I	YYNN DRIVE	
Title: Name: Address: City-St-Zip:	S () SNYDER, DEAI 1013 HAZEL LA BELAIR, MD 2	ANE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	T ( ) MITCHELL. DA	Delete LE L	Title: Name:	T (	X) Change ()Addition ALE L	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD G COLYER **PRES** 05/01/2006

13238 WHITE HAVEN LANE

FT MYERS, FL 33912 US