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Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90015 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000014041

1. Entity Name
DAM WATER, INC.

40037532

Principal Place of Business	Mailing Address
5702 CLARK RD SARASOTA, FL 34233	5702 CLARK RD SARASOTA, FL 34233

03152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
820 Bell Road	820 Bell Road
Suite, Apt. #, etc.: Unit A	Suite, Apt. #, etc.: Unit A
City & State: Sarasota FL	City & State: Sarasota FL
Zip / Country: 34240	Zip / Country: 34240

4. FEI Number: 20217613 8 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, MICHAEL
5702 CLARK RD
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name: MCDUFFIE, JONATHAN
Street Address (P.O. Box Number is Not Acceptable)
~~391 BORDER~~ ST 820 Bell Rd. Unit A
City: ~~PORT CHARLOTTE~~ SARASOTA FL. FL Zip Code 34240

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: Jonathan McDuffie JONATHAN McDuffie President 3-21-06
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, 2006 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	D MCDUFFIE, JONATHAN ~~391 BORDER ST~~ ~~PORT CHARLOTTE~~, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, MICHAEL 5702 CLARK RD SARASOTA, FL 34233	☑ 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 D PATRICIA MCDUFFIE 391 BORDER ST PORT CHARLOTTE, FL 33953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 820 Bell Rd. Unit A Sarasota FL 34240
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 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.

SIGNATURE: Jonathan McDuffie JONATHAN McDuffie President 941-377-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #