
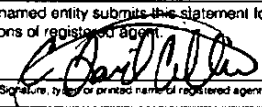
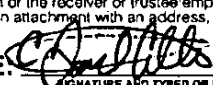


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90333 037 \*\*\*150.00

<b>DOCUMENT # P05000030510</b>					
<b>1. Entity Name</b> ADVANCED WATER FILTRATION SYSTEMS INC					
<b>Principal Place of Business</b> 766 BATES AVE SW WINTER HAVEN, FL 33880			<b>Mailing Address</b> 766 BATES AVE SW WINTER HAVEN, FL 33880		
<b>2. Principal Place of Business</b> 1214 Ashloo Ct. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> P.O. Box 11665 <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Auburndale, Florida		<b>City &amp; State</b> Auburndale, Florida		<b>4. FEI Number</b> 20-2355701	
<b>Zip</b> 33823		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>5. Name and Address of Current Registered Agent</b> COLLINS, CLAUDE D. 766 BATES AVE SW WINTER HAVEN, FL 33880			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE:  <u>Claude D. Collins</u> <u>04/26/06</u> <small>Signature, type or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> COLLINS, CLAUDE D <b>STREET ADDRESS</b> 766 BATES AVE SW <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Claude David Collins <b>STREET ADDRESS</b> 1214 Ashloo Ct. <b>CITY-ST-ZIP</b> Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SHELTON, STEPHANIE <b>STREET ADDRESS</b> 766 BATES AVE SW <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		<b>TITLE</b> Vice President <b>NAME</b> Stephanie Leona Collins <b>STREET ADDRESS</b> 1214 Ashloo Ct. <b>CITY-ST-ZIP</b> Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:  <u>Claude D. Collins</u> <u>4-26-06 813-287-4794</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04262006 Chg-P CR2E034 (11/05)