




2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90333 037 ***150.00

DOCUMENT # P05000030510			
1. Entity Name ADVANCED WATER FILTRATION SYSTEMS INC			
Principal Place of Business 766 BATES AVE SW WINTER HAVEN, FL 33880		Mailing Address 766 BATES AVE SW WINTER HAVEN, FL 33880	
2. Principal Place of Business 1214 Ashloo Ct. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 11665 Suite, Apt. #, etc.	
City & State Auburndale, Florida		City & State Auburndale, Florida	
4. FEI Number 20-2355701		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent COLLINS, CLAUDE D. 766 BATES AVE SW WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 		Claude D. Collins 04/20/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P COLLINS, CLAUDE D 766 BATES AVE SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Claude David Collins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 Ashloo Ct. Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHELTON, STEPHANIE 766 BATES AVE SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Stephanie Leona Collins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 Ashloo Ct. Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: 		Claude D. Collins 4-20-06 813-287-4774	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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