2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P05000047512 04-11-2006 90120 040 ***150.00 1. Entity Name PINEWOOD WASTEWATER SERVICES, INC. Principal Place of Business Mailing Address 127 INDUSTRIAL RD 127 INDUSTRIAL RD BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 3. Mailing Address P.O. BOX 43000 2. Principal Place of Business 137 INDUSTRIAL Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) うついて 4. FEI Number Applied For City & State City & State 00-259713 PINE KEY DINE KEY Not Applicable \$8.75 Additional 5. Certificate of Status Desired MONRUE MONROE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHRISTOPHER RODRIGUEZ, ARTURO Street Address (P.O. Box Number is Not Acceptable) 127 INDUSTRIAL RD BIG PINE KEY, FL 33043 127 INDUSTRIAL RD., SUITE E 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. ISTINA BASS SIGNATURI 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT CHRISTOPHER A. BASS Change PT TITLE TITLE □ Delete BASS, CHRISTOPHER A NAME NAME BIG PINE KEY, FL 33043 127 INDUSTRIAL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIG PINE KEY, FL 33043 CITY-ST-ZIP VICE PRESIDENT, SECRETARY Schange ORYSTINA A. BASS 127 INDUSTRIAL RD., SUITE E BIG PINE KEY, FL 33043 ST ☐ Delete TITLE TITLE BASS, CRYSTINA A NAME NAME STREET ADDRESS STREET ADDRESS 127 INDUSTRIAL RD BIG PINE KEY, FL 33043 CITY-ST-ZIP CITY-ST-ZIP TREASURER Addition ☐ Delete TITLE Change TITI F BROOKS W. THOMMES T THOUSTRIAL CO. SUITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANE KEY, FL CITY-ST-ZIP ☐ Delete ☐ Channe ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

NING OFFICER OR DIRECTO

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