2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073843

Entity Name: WETAPPO BASIN UTILITIES, INC.

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 206 E. FOURTH STREET 116 SAILORS COVE DRIVE PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 32456 US **Current Mailing Address: New Mailing Address:** 206 E. FOURTH STREET 116 SAILORS COVE DRIVE PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 32456 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GROOM, PAUL W II GROOM, PAUL WII 116 SAILORS COVE DRIVE 206 E. FOURTH STREET PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 32456 US 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. SIGNATURE: PAUL W. GROOM II 01/12/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JONES, PATRICK E Name: Name: 711 WOODWARD AVENUE Address: Address: City-St-Zip: PORT ST. JOE, FL 32456 US City-St-Zip: () Delete Title: VPD Title: () Change () Addition Name: RISH, WILLIAM J JR. Name: 214 GAUTIER MEMORIAL LANE Address: Address: PORT ST. JOE, FL 32456 US City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition FAISON, GREGORY B Name: Name: 433 BUNKERS COVE ROAD Address: Address: City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip:

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.

SIGNATURE: PATRICK E. JONES PTD 01/12/2006