

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091809

FILED
Apr 30, 2006
Secretary of State

Entity Name: SACRED LIVING WATERS, INC.

Current Principal Place of Business:

6700 S. W. 129 PLACE
MIAMI, FL 33183

New Principal Place of Business:

12641 N. STONEBROOK CIRCLE
DAVIE, FL 33330

Current Mailing Address:

6700 S. W. 129 PLACE
MIAMI, FL 33183

New Mailing Address:

12641 N. STONEBROOK CIRCLE
DAVIE, FL 33330

FEI Number: 57-1221838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZVEIBIL, SALLY D
6700 S.W 129 PLACE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

ZVEIBIL, SALLY DOROTHY
12641 N. STONEBROOK CIRCLE
DAVIE, FL 33330 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: SALLY DOROTHY ZVEIBIL

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, EIZABETH P
Address: 73 SNOW CREEK DR.
City-St-Zip: BOZEMAN, MT 59718

Title: VP () Delete
Name: JOHNSON, SCOTT C
Address: 73 SNOW CREEK DR.
City-St-Zip: BOZEMAN, MT 59718

Title: SEC (X) Delete
Name: ZVEIBIL, ROBERT
Address: 6700 S.W. 129 PLACE
City-St-Zip: MIAMI, FL 33183

Title: TREA (X) Delete
Name: ZVEIBIL, SALLY D
Address: 6700 S.W. 129 PLACE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZVEIBIL, SALLY DOROTHY
Address: 12641 N. STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: VP (X) Change () Addition
Name: ZVEIBIL, ROBERT
Address: 12641 N. STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SALLY DOROTHY ZVEIBIL

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date