

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90103 018 \*\*\*150.00

**66002415**

<b>DOCUMENT # P05000151306</b> 1. Entity Name <b>WATERNET, INC.</b>					
Principal Place of Business <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>			Mailing Address <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number <b>541839104</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>CHARBONNEAU, ANDRE K.R. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	PD COOPER, ANDREW H 5300 OCEAN BLVD #904 SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					



ATTACHMENT  
66002415

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2006

WATERNET, INC.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

Subject: WATERNET, INC.

Reference Number:

P05000151306

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

**ATTACHMENT**  
**66002415**  
**#P05000151306**  
**ICARD, MERRILL, CULLIS, TIMM**  
**FUREN & GINSBURG, P.A.**  
ATTORNEYS AND COUNSELORS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FLORIDA 34237  
TELEPHONE (941) 366-8100  
FACSIMILE (941) 552-0108  
www.icardmerrill.com

ANDRÉ K.R. CHARBONNEAU  
E-Mail: acharbonneau@icardmerrill.com

REPLY TO:  
P.O. BOX 4195  
SARASOTA, FLORIDA 34230

February 22, 2006

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Domestication of **Waternet, Inc.**

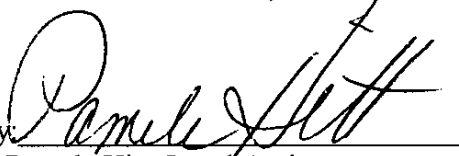
Division of Corporations:  
**re: P05000151306**

Please find enclosed the annual report/uniform business report with the FEI number inserted. I have kept your letter attached for reference.

If you have any questions, please contact me at 941-366-8100 or via e-mail as referenced above. Thank you.

Sincerely,

ICARD, MERRILL, CULLIS, TIMM,  
FUREN & GINSBURG, P.A.

By:   
Pamela Hitt, Legal Assistant to  
Andre' K. Charbonneau, Esq.