2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P05000158122 03-23-2006 90004 021 ***150 00 1. Entity Name R & R WATERS, INC. Principal Place of Business Mailing Address 116 CASSINO WAY 116 CASSINO WAY KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Ζīρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYSON, ROY Street Address (P.O. Box Number is Not Acceptable) 116 CASSINO WAY KISSIMMEE, FL 34758 City Zip Code FL 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. DATE Signature, lyned or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWII! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSD ☐ Addition ☐ Delete TITLE ☐ Change TITLE BRYSON, ROY NAME NAME STREET ADDRESS STREET ADDRESS 116 CASSINO WAY KISSIMMEE, FL 34758 CITY-ST-ZIP CITY-ST-ZIP Change VTD ☐ Addition TITLE ☐ Delete TITLE AVELOO, ROSE-MARIE NAME NAME 116 CASSINO WAY STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34758 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Detete -TITLE: - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 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.

FILED