

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 15 PM 1:15

<b>DOCUMENT # P06000036324</b> 1. Entity Name <b>GULF COAST WATER SPECIALIST, INC.</b>					
Principal Place of Business <b>2121 MCGREGOR BLVD FORT MYERS, FL 33901</b>			Mailing Address <b>2121 MCGREGOR BLVD FORT MYERS, FL 33901</b>		
2. Principal Place of Business - No P.O. Box # <b>1108 SE 31st Street</b>		3. Mailing Address <b>1108 SE 31st Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>		4. FEI Number <b>204508269</b>	
Zip <b>33904</b>		Country <b>Lee</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HUGHES, A. JOHN JR 2121 MCGREGOR BLVD FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name <b>Dan Maloney</b> Street Address (P.O. Box Number is Not Acceptable) <b>1108 SE 31st Street</b>  City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>		
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 <span style="float: right;">6-13-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, A. JOHN JR 2121 MCGREGOR BLVD FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dan Maloney 1108 SE 31st Street Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" 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	
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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:			Director		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/13/07</b> <small>Daytime Phone #</small>		