2007 FOR PROFIT CORPORATION

FILED Mar 29, 2007 8:00 am **ANNUAL REPORT** Secretary of State 03-29-2007 90019 012 ***150.00

DOCUMENT # P06000103330 ADVÁNCED ENVIROMENTAL WATER SYSTEMS INC. Principal Place of Business Mailing Address 40044289 2858 W. MAIN STREET 2858 W. MAIN STREET LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 20-5323527 Zip Country Zip 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 <u>Donald E. Bragdon Sr</u> SMK ACCOUNTING SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 274 WILSHIRE BLVD. 708 Southern Dr 232 CASSELBERRY: FL 32707 Fruitland Park 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. Brandow (NOTE: Padistered Agen Donald SIGNATURE distered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Change TITLE ☐ Addition BRAGDON, DONALD SR NAME Bragdon, Donald Sr. STREET ADDRESS 1914 W. MARLENE STREET STREET ADDRESS 708 Southern Dr. Crty-ST-ZIP PEORIA, IL 61614 CITY-ST-ZIP Fruitland Park TITLE ☐ Delete ☐ Change Addition NELSON, REGINALD NAME NAME STREET ADDRESS 1124 JEROME WAY STREET ADDRESS CITY-ST-ZIP APOPKA, FL. 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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: Donald Brigh	Douald Brandon	3-26-07	352-315-9200
SIGNATURE AND TYPED OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone II