## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000111956

FILED Apr 26, 2007 Secretary of State

Entity Nar	me: REVIVE WATER COMPANY				
Current P	rincipal Place of Business:	New Principal Place o	of Business:		
	OST NORTH RSBURG, FL 33701	259 THIRD ST NORTH ST PETERSBURG, FL			
Current M	lailing Address:	New Mailing Address	New Mailing Address:		
	OST NORTH RSBURG, FL 33701	POST OFFICE BOX 30 ST PETERSBURG, FL			
FEI Number:	: FEI Number Applied For (	) FEI Number Not Applicable (X)	Certificate of Status Desired ( )		
Name and	Address of Current Registered Age	nt: Name and Address of	New Registered Agent:		
<b>259 THIRE</b>	F, PETER R DIST NORTH RSBURG, FL 33701 US	WALLACE, PETER R 259 THIRD ST NORTH ST PETERSBURG, FL			
	named entity submits this statement fo e of Florida.	r the purpose of changing its registered	office or registered agent, or both,		
SIGNATUR	RE:		04/26/2007		
Election Car	Electronic Signature of Registers	· ·	Date		
		,			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ) Delete WALLACE, DANIEL M P O BOX 30 ST PETERSBURG, FL 337310030	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () Delete HARR, HUDSON P O BOX 30 ST PETERSBURG, FL 337310030	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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.

GNATURE:	DANIEL M. WALLACE	D	04/26/2007
GNATURE:		D	04/26/2007