2007 FOR PROFIT CORPORATION

Mar 14, 2007 8:00 am Secretary of State ANNUAL REPORT 03-14-2007 90038 024 ***158 75 DOCUMENT # P06000118461 STORMWATER SOLUTIONS, INC. Principal Place of Business Mailing Address 760 S. BREVARD AVE. #421 760 S. BREVARD AVE. #421 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 CR2E034 (12/06) Cha-P City & State 4. FEI Number 32-018/3/4 City & State Applied For Not Applicable 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 ENGLAND, GORDON 760 S. BREVARD AVE. #421 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH, FL 32931 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition ENGLAND, GORDON NAME NAME STREET ADDRESS 760 S. BREVARD AVE. #421 STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ENGLAND, ELINOR NAME STREET ADDRESS 760 S. BREVARD AVE. #421 STREET ADDRESS COCOA BEACH, FL 32931 CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME

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 ser 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.

CITY-ST-ZIP

STREET ADDRESS

λ SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-10-071

FILED