2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000152997

FILED Apr 16, 2007 Secretary of State

Entity Name: WATERS MARK DEVELOPMENT & CONSORTIUM INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ROPICAL TRAIL ISLAND, FL 32					
Current Mailing Address:			New Maili	New Mailing Address:		
	ROPICAL TRAIL ISLAND, FL 32					
El Number	: 20-8023626	FEI Number Applied For()	FEI Number Not Appl	Olicable () Certificate of Status Desired ()		
lame and	d Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
575 N TF	DN, BRENT B ROPICAL TRAIL ISLAND, FL 32					
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered agent, or bo		
SIGNATU						
	Electroni	ic Signature of Registered Age	ent	Date		
FFICER	S AND DIRECT	rors:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECT		
itle: lame: .ddress: city-St-Zip:	PD () WOODSON, BR 3063 SIDERWH ROCKLEDGE, F	EEL DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
itle: lame:	LEWIS, SEAN M		Title: Name:	() Change () Addition		
.ddress: :ity-St-Zip:	1463 SORENTO MELBOURNE, F		Address: City-St-Zip:			
ity-St-Zip: itle: ame: ddress:	MELBOURNE, F	EL 329043119 Delete RUSSELL S LANE		VPD (X) Change () Addition MARRIOTT, III, RUSSELL S 1593 MULBERY LANE MELBOURNE, FL 328352023		
ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	MELBOURNE, F VP () MARRIOTT, III, I 1593 MULBERY MELBOURNE, F	EL 329043119 Delete RUSSELL S (LANE EL 328352023 Delete S A RGE DR	City-St-Zip: Title: Name: Address:	MARRIOTT, III, RUSSELL S 1593 MULBERY LANE		
	MELBOURNE, F VP () MARRIOTT, III, I 1593 MULBERY MELBOURNE, F S () ROJAS, CARLO 742 LAKE GEOI VIERRA, FL 329	Delete RUSSELL S LANE L 328352023 Delete S A RGE DR 940 Delete AS L	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MARRIOTT, III, RUSSELL S 1593 MULBERY LANE MELBOURNE, FL 328352023		

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.

	Flacture of Oissian Office - Disaster		D-1-
SIGNATURE:	NICHOLAS L LEWIS	VPD	04/16/2007