2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P08000093694

Entity Name: BLU WATER AROMATHERAPY, INC.

Current Principal Place of Business:

209 W. ROMANA ST.
PENSACOLA, FL 32502 US

New Principal Place of Business:

4215 FRASIER LN
PACE, FL 32571 US

Current Mailing Address:

209 W. ROMANA ST.
PENSACOLA, FL 32502 US

New Mailing Address:

4215 FRASIER LN
PACE, FL 32571 US

FEI Number: 30-0525515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: JONES, JENNIFER
Address: 209 W. ROMANA ST.
City-St-Zip: PENSACOLA, FL 32502 US

Title: SEC ( ) Delete
Name: JONES, JENNIFER
Address: 209 W. ROMANA ST.
City-St-Zip: PENSACOLA, FL 32502 US

Title: TREA ( ) Delete
Name: JONES, JENNIFER
Address: 209 W. ROMANA ST.
City-St-Zip: PENSACOLA, FL 32502 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: JONES, JENNIFER
Address: 4215 FRASIER LN
City-St-Zip: PACE, FL 32571 US

Title: SEC (X) Change ( ) Addition
Name: JONES, JENNIFER
Address: 4215 FRASIER LN
City-St-Zip: PACE, FL 32571 US

Title: TREA (X) Change ( ) Addition
Name: JONES, JENNIFER
Address: 4215 FRAIER LN
City-St-Zip: PACE, FL 32571 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JC JONES PRES 03/26/2009

Electronic Signature of Signing Officer or Director Date