


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P32998</b> 1. Entity Name CLEAN WATER ACTION, INC.	
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Principal Place of Business 4455 CONNECTICUT AVE, N.W. SUITE A300 WASHINGTON, DC 20008	Mailing Address P O BOX 188 MOUNT CLEMENS, MI 48046
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7128611	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SCANDIKITO, THERESE E 412 NW 72ND STREET BOCA RATON, FL 33487	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWICK, DAVID 4455 CONNECTICUT AVE, N.W., STE. A300 WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATERNO, KATHLEEN 38875 HARPER AVENUE CLINTON TOWNSHIP, MI 48036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTENOT, WILLIAM 632 DREHR BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, GRANT 6160 SUMMITT DRIVE MINNEAPOLIS, MN 55430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKWOOD, PETER ONE THOMAS CIRCLE, N.W. WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDING, BILL 214 N HENRY STUIE 203 MADISON, WI 53703

**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80032-005 70.00

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 as required by Chapter 617, 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 information required.

SIGNATURE: Karl Edlund, Corp Secy 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #