2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P93000054354

Entity Name: WATER WORKS AQUATIC PHYSICAL THERAPY, INC.

Current Principal Place of Business:

999 TRAIL TERRACE
#A
NAPLES, FL 34103 US

New Principal Place of Business:

999 TRAIL TERRACE DR
NAPLES, FL 34103 US

Current Mailing Address:

999 TRAIL TERRACE
#A
NAPLES, FL 34103 US

New Mailing Address:

961 TRAIL TERRACE DR
NAPLES, FL 34103 US

FEI Number: 65-0445696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICELI, MICHAEL
9517 GULF SHORE DR., #201
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MICELI, LAUREL
961 TRAIL TERRACE DR
NAPLES, FL 34103 US

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: LAUREL MICELI 01/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MICELI, MICHAEL
Address: 9517 GULF SHORE DR #201
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete
Name: PASS, PAMELA
Address: 9517 GULF SHORE DR #201
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MICELI, LAUREL
Address: 961 TRAIL TERRACE DR
City-St-Zip: NAPLES, FL 34103

Title: P (X) Change ( ) Addition
Name: PASS, PAMELA
Address: 961 TRAIL TERRACE
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Change (X) Addition
Name: MICELI, MEGAN
Address: 961 TRAIL TERRACE DR
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Change (X) Addition
Name: MICELI, LISA
Address: 961 TRAIL TERRACE DR
City-St-Zip: NAPLES, FL 34103

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: LAUREL MICELI S 01/23/2009
Electronic Signature of Signing Officer or Director Date