

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

5/

**Jun 20, 2006 8:00 am
Secretary of State**

05-04-2006 90231 022 ***150.00

DOCUMENT # P93000063638 1. Entity Name HEALTHY WATER SYSTEM, INCORPORATED	
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Principal Place of Business 334 LAKEVIEW DR B-53 102 WESTON, FL 33326 US	Mailing Address 334 LAKEVIEW DR B-53 102 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

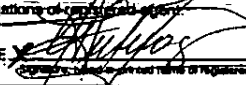
4. FEI Number 65-0436921	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZULUAGA, ALVARO
334 LAKEVIEW DR B-53 #102
WESTON, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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, the registered agent.

SIGNATURE:  **ALVARO ZULUAGA** *President* **04/26/06**
(Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	ZULUAGA, ALVARO
NAME	334 LAKE VIEW DR B53 #102
STREET ADDRESS	WESTON, FL 33328
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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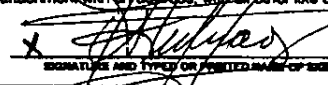
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 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.

SIGNATURE:  **04/26/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #