2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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

Principal Place of Business	Mailing Address
334 LAKEVIEW DR B-53 102 WESTON, FL 33326 US	334 LAKEVIEW DR B-53 102 WESTON, FL 33326 US

04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 33326

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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, the registered agent.

SIGNATURE: ALVARO ZULUAGA PRESIDENT 04/26/06
(Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) 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
NAME	ZULUAGA, ALVARO
STREET ADDRESS	334 LAKE VIEW DR B53 #102
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #