


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000063942 1. Entity Name WATER TECHNOLOGY RESOURCES, INC.	
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Principal Place of Business 1946 78 CT VERO BCH, FL 32966 US	Mailing Address 1946 78 CT VERO BCH, FL 32966 US
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0443528	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NUNN, PAUL P
1005 CARIBBEAN AVE
FT. PIERCE, FL 34982

**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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607, 193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLADEN, DONALD H 1946 78TH COURT VERO BCH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NUNN, PAUL J 7315 S INDIAN RIVER DR FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNN, PAUL P 1005 CARIBBEAN AVE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECTION, RON 6005 NETTLE PATH DR FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/08/04-80004-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donald H. Bladen* **DONALD H. BLADEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04
Date

772-537-8250
Daytime Phone #