2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # P93000078297** 1. Entity Name WATER WORKS IRRIGATION CORPORATION Principal Place of Business Mailing Address P.O. BOX 2317 P.O. BOX 2317 LAKELAND, FL 33806 LAKELAND, FL 33806 CR2E034 (11/05) 01092008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3209347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BROCK, DEBRA DO NOT WRITE 205 COMPLEX ROAD LAKELAND, FL 33801 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000890199 DPST 04/22/08-80084-023 150.00 TITLE BROCK, DEBRA NAME STREET ADDRESS 3919 CHEVERLY DR E CITY-ST-ZIP LAKELAND, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DHE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

48.08

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FILED

Daytime Phone #