2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM Secretary of State

ANNOAL NEFON						, 1 P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. C.C.
DOCUMENT # P95000002469 1. Entity Name WASTE WATER MANAGEMENT, INC.							Secretary	of State
Principal Place of 8 150 EVERNIA STI JUPITER, FL 334	REET	ţ	ailing Address 50 EVERNIA STREET PITER, FL 33458 US					ESTI STUR HANG BUTE STUR STREET (S FOSS
			THE PROPERTY OF THE PROPERTY O				 - Delity Billy Walte Maile Date:	CECCO ERCCO (1914 Million uting tantum) 33 23 23
DO	NOT	WRITE II	N THIS SPA	CE		4. FEI Numbe 65-054	8743	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional
8	i. Name and Ad	dress of Current Regis	tered Agent		: .:.	5. Centificate	of Status Desired	Fee Required
PRIOR, STEVEN R 150 EVERNIA STREET JUPITER, FL 33458					DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.						ed agent, or bot	h, in the State of Flor	ida. I am famillar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered of					ure required	when reinstating)		DATE
FILE NOWIT: FEE IS \$150.00 8. Election Campaign Finar After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.					\$5.00 May Be Added to Fees		:	
10.		OFFICERS AND DIREC	TORS	-				
NAME PR	PRIOR, STEVEN R 150 EVERNIA STREET JUPITER, FL 33458					· · · · · · · · · · · · · · · · · · ·	Elhanná	523171
TITLE NAME STREET ADDRESS CITY-ST-2IP				:			05/03/06-	523171 80061-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	IN	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				:		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- 1		:	:	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 cath; that it am an officer or direction of the corporation or the receiver or brustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Days Profes 8								