2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# P95000017420

Entity Name: WATERBORNE, INC.

Current Principal Place of Business:

1126 WOODLAND HEIGHTS
FRANKLIN, NC 28734 US

New Principal Place of Business:

5340 ALLIGATOR LAKE ROAD
ST. CLOUD, FL 34772 US

Current Mailing Address:

1126 WOODLAND HEIGHTS
FRANKLIN, NC 28734 US

New Mailing Address:

5340 ALLIGATOR LAKE ROAD
ST. CLOUD, FL 34772 US

FEI Number: 59-3297151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, MARYANN CPA
2265 LEE RD #225
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

CARTER, MARYANN W CPA
850 CONCOURSE PKWY S.
150
MAITLAND, FL 32751 US

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.

SIGNATURE: MARYANN W. CARTER 02/13/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DRUMMOND, DONALD A
Address: 1126 WOODLAND HEIGHTS
City-St-Zip: FRANKLIN, NC 28734 US

Title: SD ( ) Delete
Name: DRUMMOND, CAROL A
Address: 1126 WOODLAND HEIGHTS
City-St-Zip: FRANKLIN, NC 28734 US

Title: VC ( ) Delete
Name: DRUMMOND, CAROL A
Address: 1126 WOODLAND HEIGHTS
City-St-Zip: FRANKLIN, NC 28734 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DRUMMOND, DONALD A
Address: 5340 ALLIGATOR LAKE ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

Title: SD (X) Change ( ) Addition
Name: DRUMMOND, CAROL A
Address: 5340 ALLIGATOR LAKE ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

Title: VC (X) Change ( ) Addition
Name: DRUMMOND, CAROL A
Address: 5340 ALLIGATOR LAKE ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD A. DRUMMOND PD 02/13/2006
Electronic Signature of Signing Officer or Director Date