FILE NOW: FILING FEE			
PROFIT CORPORATION	(The state of the	ARTMENT OF STATE B. Mortham	
ANNUAL REPORT	Secret	ary of State	
1996	DIVISION OF	CORPORATIONS	
DOCUMENT #	1000000		
Filter Water Sy	stems, inc		
Principal Place of Business Mailing Address			
1026 GWYN CTICLE Same			
Oviedo, FC. 32768			Date Incorporated or Qualified
Principal Place of Business	pal Place of Business 28. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<u>e</u>	59 -3327422 14021332 Not Applicable
City & State	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Ouredo, FL.	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 32765 25 Sem 1 NO 19	1-0	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No
9. Name and Address of Curre		81 Name	10. Name and Address of New Registered Agent
Ian Davids 1026 Gwyn Circle Ouledo, FL.307	_	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
1036 Emily circle	<u>.</u>	83	, , ,
Outedoj FC.381	60	84 City	p−_a 85 Zip Code
11. Pursuant to the provisions of Sections 607 050	2 and 607 1509. Florida Statuta	o the observed	FL
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of Sec		ed by the corporation's boar	ation submits this statement for the purpose of changing its registered office d of directors. I hereby accept the appointment as registered agent. I am
Signature, plued or printed name of registered agor	Annual Control of the	E. Registered Agent signature required	(when remistating)
12. OFFICERS AN	ND DIRECTORS	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME TAN DAVIOS		1.2 NAME	Change Addition
STREET ADDRESS CITY-S1-ZIP OUT OF FL 32	100	1.3 STREET ADDRESS	
TITLE	DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE	Change Add-ti
NAME		2.2 NAME	
STREET ADDRESS CITY-ST-ZIP		2 3 STREET ADDRESS 24 CHY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS 3.4 CITY - S1 - ZIP	
TITLE	DELETE	4. 1 TITLE	Change Addition
NAME Street address		4.2 NAME	
CITY-ST-ZIP		4.3 STHEET ADDRESS 4.4 CITY - ST - ZIP	
TILE	☐ DELETE	5 1 TITLE	Change Addition
NAME STREEL ADDRESS		5 2 NAME I	400001855364° -06/07/9601033023
CITY-ST-ZIP		5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	***233.75
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		6.2 NAME	(27)29A
CITY-S1-ZIP		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	W- T
		hed and does not qualify for	r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further and that my signature shall have the same legal effect as if made under
oath, that I am an officer or director of the corporappears in Block 12 or Block 13 if changed, or a			report as required by Chapter 607, Florida Statutes; and that my name
SIGNATURE: Say	Polit M.	<u> </u>	m Wan 5 199 (2007)
SIGNITURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	. O. May 5, 199 (366 6294