


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90006 022 ***158.75

DOCUMENT # P96000027344	
1. Entity Name WATERMASTER OF AMERICA, INC.	

Principal Place of Business 4905 34TH ST SOUTH BOX 2000 ST. PETERSBURG, FL 33711 US	Mailing Address 4905 34TH ST SOUTH BOX 2000 ST. PETERSBURG, FL 33177 US
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30061165



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3372515	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRIS, ROBERT T 4905 34TH STREET S SUITE 2000 ST. PETERSBURG, FL 33711	
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7. Name and Address of New Registered Agent	
Name Schink, Rosalie K	
Street Address (P.O. Box Number is Not Acceptable) 4905, 34th street south suite 2000	
City St. Petersburg,	FL Zip Code 33711

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 Rosalie K. Schink <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Rosalie K. Schink <small>(NOTE: Registered Agent signature required when restateing)</small>
	8/5/05 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MORRIS, ROBERT T	
STREET ADDRESS P O BOX 20746	
CITY-ST-ZIP NEW YORK, NY 10021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schink, Rosalie K.	
STREET ADDRESS P.O. Box 20746	
CITY-ST-ZIP New York, NY 10021	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rosalie K. Schink <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/5/05 <small>Date</small>	800-272-6244 <small>Daytime Phone #</small>
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