


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000027726	
1. Entity Name GRASSY WATERS GROWERS, INC.	

Principal Place of Business 2155 SW LOCKS RD STUART, FL 34997	Mailing Address 2155 SW LOCKS RD STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0654674	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent BROOKS, LOIS 2155 SW LOCKS ROAD STUART, FL 34997
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**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGRILL, BENJAMIN 683 S.W. SALERNO RD. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKS, EUGENE A. 2155 SW LOCKS RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBSTER, PATTIANN 683 S.W. SALERNO R.D STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, LOIS 2155 SW LOCKS RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/11/06-80119-020 150.00

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: LOIS BROOKS SEC. 3/24/06 772-463-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #