

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094345

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: A PLUS WATER SOLUTIONS, INC.

## Current Principal Place of Business:

19981 US HWY EAST  
BOSTON, GA 31626 US

## New Principal Place of Business:

19981 US HWY 84 EAST  
BOSTON, GA 31626 US

## Current Mailing Address:

19981 US HWY EAST  
BOSTON, GA 31626 US

## New Mailing Address:

19981 US HWY 84 EAST  
BOSTON, GA 31626 US

FEI Number: 59-3410884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EASTON, PAUL A  
6526 HIDDEN LAKES DR.  
TALLAHASSEE, FL 32311 US

## Name and Address of New Registered Agent:

EASTON, PAUL A PRESIDE  
6526 HIDDEN LAKES DR.  
TALLAHASSEE, FL 32311 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: TRISH HEINZE

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EASTON, PAUL A  
Address: 6526 HIDDEN LAKES DR.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete  
Name: EASTON, WILMA  
Address: 844 RT 322E  
City-St-Zip: ORWELL, OH 440769366

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EASTON, PAUL A PRESIDE  
Address: 6526 HIDDEN LAKES DR.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S (X) Change ( ) Addition  
Name: EASTON, WILMA SEC/TRE  
Address: 844 RT 322 E  
City-St-Zip: ORWELL, OH 44076

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: TRISH HEINZE

MGR

04/17/2007

Electronic Signature of Signing Officer or Director

Date