2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P97000007606 PRO SOFT WATER CONDITIONING, INC. Mailing Address Principal Place of Business 1362 W. ISLAND CLUB SQUARE 1362 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963 VERO BEACH, FL 32963 CR2E034 (11/05) 03162006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0729622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, ROBERT DO NOT WRITE 1362 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TRIF GREEN, ROBERT 1362 W. ISLAND CLUB SQUARE STREET ADDRESS U000000519161 CITY-ST-ZIP VERO BEACH, FL 32963 05/02/06-80042-015 150.00 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 chapter 607 on an attachment/with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

CHATTIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-23/-7268