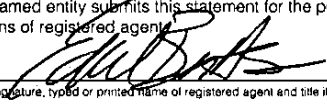


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90024 008 ***150.00

DOCUMENT # P97000102341 1. Entity Name QUIETWATER CAPITAL MANAGEMENT, INC.					
Principal Place of Business 1101 GULF BREEZE PKWY SUITE 109 GULF BREEZE, FL 32561 US			Mailing Address 1101 GULF BREEZE PKWY SUITE 109 GULF BREEZE, FL 32561 US		
2. Principal Place of Business - No P.O. Box # 3700 Creighton Road		3. Mailing Address PO Box 11123			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-3487662	
Zip 32504		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32504		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTTS, EDWARD 1101 GULF BREEZE PKWY. STE 109 GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name Edward Butts Street Address (P.O. Box Number is Not Acceptable) 3700 Creighton Road, Suite 1 City Pensacola FL Zip Code 32504		
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  DATE 1/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BUTTS, EDWARD STREET ADDRESS 1101 GULF BREEZE PKWY. STE 109 CITY - ST - ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE P NAME Butts, Edward STREET ADDRESS 3700 Creighton Road, Suite 1 CITY - ST - ZIP Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 1/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					