FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 198 000043369 1. Entity Name

ABSOLUTE WATER CARE, INC.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of Business 3. Mailing Address 22 SOUTH VENICE 22 SOUTH VENICE Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State VENICE 34293 34293

City & State VENICE, 34293 ź¤293

65-0835686 5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

Applied For Not Applicable

\$8.75 Additional Fee Required

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CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET

4. FEI Number

City TALLAHASSEE

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.

> TITLE NAME

TITLE

TITLE . NAME (1)

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fee

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS Asst. Secretary & Asst. Treasurer TITLE NAME Beth W. Cooper STREET ADDRESS STREET ADDRESS 909 Silver Lake Blvd. CITY-ST-ZIP CITY-ST-7IP Dover, DE 19904 TITLE President Kenneth Gibson NAME NAME STREET ADDRESS 22 South Venice Blvd. STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

Signature, typed or printed name of registered agent and little if applicable.

Venice, FL 34293 Chief Executive Officer John R. Schimkaitis STREET ADDRESS 909 Silver Lake Blvd. Dover, DE 19904

Vice President, Treasurer & CFO Michael P. McMasters STREET ADDRESS 909 Silver Lake

Dover, DE TITLE Vice President & Corp. Secretary NAME William C. Boyles STREET ADDRESS

909 Silver Lake Blvd. CITY-ST-ZIP TITLE NAME

9. Election Campaign Financing

Trust Fund Contribution.

DO NOT WRITE

TITLE A IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP.

TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE SEE S NAME.

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 it 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 on an

SIGNING OFFICER OR DIRECTOR

JUNE 17, 2007