2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P98000048971 01-21-2005 90087 009 ***150.00 1. Entity Name ULTRA PURE WATER SYSTEMS, INC. Principal Place of Business Mailing Address 533 PAUL MORRIS DRIVE 124 MARINER LANE **5**0005392 ENGLEWOOD, FL 34224 ROTONDA, FL 33947 2. Principal Place of Business 3. Mailing Address 3830 Bermu Suite, Apt. #, etc. Suite, Apt. #, etc. 01162005 _Chg-P _ CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0838422 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYNCH, BRENDA J Street Address (P.O. Box Number is Not Acceptable) 124 MARINER LANE ROTONDA, FL 33947 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 (NOTE: Registered Agent signature required when reinstating) 9.- Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TIFLE Delete TITLE Change ☐ Addition NAME LYNCH, BRENDA J 3830 Bermuda Court Punta Gorda, FL 33950 124 MARINER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROTONDA, FL 33947 CITY-ST-ZIP Change D ΠŒ ☐ Delete TITLE ☐ Addition LYNCH, PAUL B NAME NAME 3830 Bernuda Court STREET ADDRESS 124 MARINER LANE STREET ADDRESS Punta Gorda, FL 33950 CITY-ST-7IP ROTONDA, FL 33947 CITY-ST-7IP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE TITLE Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attact/pnent with an address, with all other like empowered.

FILED Jan 21, 2005 8:00 am