



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000074771		
1. Entity Name HURLEY TAILWATER RESOURCE RECOVERY, INC.		

Principal Place of Business 14520 BALM RIVERVIEW RD RIVERVIEW, FL 33569	Mailing Address 2399 NE CR 138 BRANFORD, FL 32008
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2. Principal Place of Business 2399 N.E. C/R 138	3. Mailing Address 2399 NE C/R 138
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRANFORD FL	City & State BRANFORD, FL.
Zip 32008	Country GILCHRIST
Zip 32008	Country GILCHRIST

FILED
06 AUG 21 PM 3:45
SECRETARY OF STATE

08172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent HURLEY, THOMAS F 2399 NW CR 138 BRANFORD, FL 32008		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, THOMAS F 2399 NE CR 138 BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORPORATION SECRETARY MARLENE ZEMBO 6617 SIMMONS LOOP RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURLEY, STEPHEN M 2399 NE CR 138 BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200079128902 08/25/06--01033--002 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURLEY, CHRISTOPHER B 2399 NE CR 138 BRANFORD, FL 32008 <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

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: Marlene Zembo MARLENE ZEMBO 8-1706 454-0905 (386)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

208/22