
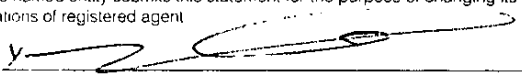



**AMENDED**  
**2007 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

<b>DOCUMENT # P99000026039</b> 1. Entity Name <b>WATERPLAY III, INC.</b>						<b>FILED</b> <b>07 JUL -9 PM 12: 33</b> TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2000 S. FEDERAL HWY          FT. LAUDERDALE, FL 33316</b>				Mailing Address <b>2000 S. FEDERAL HWY          FT. LAUDERDALE, FL 33316</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>NEUWIRTH, ILAN          2000 S. FEDERAL HWY          FT. LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>JAMES C PAPAGNO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2000 S. Federal Hwy</b> City <b>Fort Lauderdale FL</b> Zip Code <b>33316</b>			
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  <span style="float: right;">6-20-07</span> <small>(NOTE: Registered Agent Signature required when reinstating.)</small>							
<b>FILE NOW!!! FEE IS \$550.00          Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD NEUWIRTH, ILAN 2000 S. FEDERAL HWY FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD James C Papagno 2000 S. Federal Hwy Ft Lauderdale FL 33316	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>500106259815</b> <b>07/17/07--01020--017 **\$1.25</b>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-20-07**  
Date

**954-523-7778**  
Daytime Phone #