AMENDED 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P9900026039 1. Entity Name WATERPLAY III, INC. | | | | | | FILED 07 JUL -9 PM 12: 33 | | | | 33 |
|---|--|--------------------------------|--|-----------------|-----------------------|---|--------------------------|---------------|-------------------|-----------------------------|
| Principal Plac | e of Busines | s | Mailing Address | Mailing Address | | | | *,,* | | ij- |
| 2000 S. FEDERAL HWY FT. LAUDERDALE, FL 33316 | | | 2000 S. FEDERAL HWY Ft. Lauderdale, Fl. 33316 | | | | -1.1 | | t, Fl Ca | (IDA |
| | | | | | | | | | | |
| 2. Principal F | Place of Busin | ness - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. # etc. | | | Suite, Apt. #, etc. | | | 06202007 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | | City & State | | | 4. FEI Numb | | | | oplied For of Applicable |
| Zip | Country | | Zip Coun | | itry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | ditional | |
| | 6. Name | and Address of Current | Registered Agent Name 1 | | | 7. Name and Address of New Registered Agent | | | | |
| NEUWIRTH, ILAN | | | | | JAM | FIC | PAREM | | | |
| 2000 S. FE FT. LAUD | | | | | Street Address (| P.O. Box Numl | per is Not Acceptal | 1429 | | |
| | | | | | City | | | | Zip Cnd | <u></u> |
| 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 Fiorida Tam familiar with, and a | | | | | | | | | | and accept |
| the obligations of registered agent | | | | | | | | | | |
| SIGNATURE 2 Corp. Strands or printed har coul registered agent unit afte it applicable. INDIE. Registered Agent signature required when reinstating). INDIE. Registered Agent signature required when reinstating). | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10. | г | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS | CHANGES TO OF | FICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME | PD NEUWIRTH, ILAN | | | | PD | c P-0- | <i>a.</i> | | Change | Addition |
| STREET ADORESS CITY-ST-ZIP | } | EDERAL HWY ERDALE, FL 33316 | STREET ADDRESS 201 | | | o S. Fe | Ami denil Hu de Te | y , , , , | | |
| TITLE | | | ☐ Delete | THELE | . | CAN BEACH | ely re | <i>))11</i> (| ☐ Change | Addilion |
| NAME STREET ADDRESS | | , | | | ET ADDRESS | | 99195 | | | استريد |
| CHY-ST ZIP | <u> </u> | | Deiele | CITY | -S1-ZIP | 977 | 17/070102 | <u>-UU1 (</u> | ##51. □ Change | . 25 |
| NAME | | XI Z | 1/18 | NAIA | F | | | | orininge | |
| STREET ADDRESS | | | 110 | | ET ADDRESS ST-ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE NAM | | | • | -1 | Change | Addition |
| STREET ADDRESS CHY ST ZIP | | | | STRE | E1 ADDRESS | | | | | |
| HILE | <u>. </u> | | ☐ Delete | IIILE | ST ZIP | | | · | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAM! STRE | E ET ADDRESS | | | | | |
| CITY S1-ZIP | | ····· | | | S1 - ZIP | | | | | |
| TITLE NAMÉ | | | Delete | HTLE NAME | l | | | | ☐ Change | Addition |
| STREET ADDRESS City ST-Zip | | | | \$1RE | ET ADDRESS -ST-ZIP | | | | | |
| 12. I hereby o | enify that the | information supplied with | this filing does not qualify fo | r the exe | emotions contained | in Chapter 11 | 9, Florida Statutos. | Hurther certi | ify that the r | nformation |
| 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: 6.2007 954-523 7778 | | | | | | | | | | |
| | - · · — · — | SIGNATURE AND TYPED OR I | PRINTED NAME OF SIGNING OFFICER | OR DIRECT | OR | | Date | | avame Phone # | |