


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000027765 1. Entity Name A & A WATER SYSTEMS, INC.	
--	---

Principal Place of Business 5708 WINTERGARDEN PARKWAY FORT PIERCE, FL 34951	Mailing Address 5708 WINTERGARDEN PARKWAY FORT PIERCE, FL 34951
---	---

DO NOT WRITE IN THIS SPACE



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0908436	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYNES, PAUL
5708 WINTERGARDEN PARKWAY
FORT PIERCE, FL 34951**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000938348 05/27/08-80087-015 158.75
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYNES, PAUL KEVIN 5708 WINTERGARDEN PARKWAY FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYNES, JANE 5708 WINTERGARDEN PARKWAY FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TINGEN, ANGIE 122 WILDWOODS GARDENS FLETCHER, NC 28732
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Paul Haynes* **4-28-08** **772-467-9801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #