

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040466

FILED
Mar 30, 2006
Secretary of State

Entity Name: UNITED WATER CONSERVATION, INC.

Current Principal Place of Business:

3211 PONCE DE LEON 301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3211 PONCE DE LEON 301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0916125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, REX
%J. MILTON & ASSOCIATES
3211 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILTON, CECIL
Address: 3211 PONCE DE LEON BLVD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MILTON, MAURICE
Address: 3211 PONCE DE LEON BLVD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MILTON, FRANK
Address: 3211 PONCE DE LEON BLVD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: DP () Delete
Name: LUCAS, VICTOR
Address: 18263 NW 68TH AVE
City-St-Zip: MIAMI, FL 33015

Title: T () Delete
Name: CESTIA, TOM
Address: 3211 PONCE DE LEON BLVD. SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: BARKER, REX M
Address: 3211 PONCE DE LEON BLVD. SUITE 301
City-St-Zip: CORAL GABLES., FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL MILTON

D

03/30/2006

Electronic Signature of Signing Officer or Director

Date