## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P99000060797 1. Entity Name ELEGANT WATERS INC. 04-27-2007 90202 003 \*\*\*150.00 Principal Place of Business Mailing Address 1931 BARBER RD 1931 BARBER RD SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0932409 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required.... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GETTLE, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1550 HONORE AVENUE SARASOTA, FL 34232 City Zip Code 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 regis or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITE F Delete TITLE Change ☐ Addition GETTLE, SCOTT NAME NAME STREET ADDRESS 1550 HONORE AVENUE STREET ADDRESS CITY-ST-ZIF SARASOTA, FL 34232 CITY-ST-ZIP DVP ☐ Delete DVP Change TITLE ☐ Addition NAME COLIS, PETER NAME COLIS, PETER 30 REGENTWOOD ROAD STREET ADDRESS 3555 FAIR OAKS LANE STREET ADDRESS NORTHFIELD, IL 60093 CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITL F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Scott Gettle, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED