


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S07446**  
1. Entity Name  
**FEEDWATER SOLUTIONS INC.**



Principal Place of Business <b>3902 CORPOREX PARK DRIVE SUITE 650 TAMPA, FL 33619</b>	Mailing Address <b>3902 CORPOREX PARK DRIVE SUITE 650 TAMPA, FL 33619</b>
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04142006 No Chg-P GRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3038062</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ADAMS, J. ALFRED  
3902 CORPOREX PARK DR  
SUITE 650  
TAMPA, FL 33619**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RACHEL, ALBERT W 5816 MARINER ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, J. ALFRED 339 FERNCLIFF AVE TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000512539  
04/29/06-80095-006 150.00

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:** *J. Alfred Adams* **J. ALFRED ADAMS** **04.14.06** **213 621-5444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #