


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90996 026 ***150.00

DOCUMENT # S12158	
1. Entity Name WATER ENGINEERING CONCEPTS CORP.	

Principal Place of Business 522 NE 195 STREET NORTH MIAMI BEACH FL 33179 US	Mailing Address 522 NE 195 STREET NORTH MIAMI BEACH FL 33179 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0296303	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent DESLAURIERS, ROBERT N 522 NE 195 STREET N MIAMI BCH FL 33179	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	
NAME: DESLAURIERS, ROBERT N	
STREET ADDRESS: 522 NE 195 ST	
CITY-ST-ZIP: N MIAMI BEACH FL 33179	
TITLE: DVP <input type="checkbox"/> Delete	
NAME: VAILLANCOURT, DANIELLE	
STREET ADDRESS: 522 NE 195 ST	
CITY-ST-ZIP: N MIAMI BEACH FL 33179	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert N. Des Lauriers</i> R. N. DESLAURIERS 2/24/04	Date	Daytime Phone #
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