

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12158

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** WATER ENGINEERING CONCEPTS CORP.

**Current Principal Place of Business:**

522 NE 195 STREET  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

522 NE 195 STREET  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

**FEI Number:** 65-0296303      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESLAURIERS, ROBERT N  
522 NE 195 STREET  
N MIAMI BCH, FL 33179 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: P ( ) Delete  
Name: DESLAURIERS, ROBERT N  
Address: 522 NE 195 ST  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VP ( ) Delete  
Name: VAILLANCOURT, DANIELLE  
Address: 522 NE 195 ST  
City-St-Zip: N MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DESLAURIERS ROBERT N.

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date