2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # V04508** 01-19-2006 90072 018 ***150.00 1. Entity Name OAKWATER DEVELOPMENT CORP. Principal Place of Business Mailing Address 60003733 **26 WINDSOR ISLE 26 WINDSOR ISLE** LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address 17000 PILKETTS COVE RO 7000 PICKETTS COVERD Suite, Apt. #, etc. 01132006 CR2E034 (11/05) Cha-P City & State City & State ORLANDO 4. FEI Number Applied For 59-3115059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent esda llams WILLIAMS, VESDA Street Address (P.O. Box Number is Not Acceptable) 26 WINDSOR ISLE LONGWOOD, FL 32779 17000 PICKETTS COVE 8. The above named egitty 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees -After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE TITLE Delete Vesda Williams WILLIAMS, VESDA NAME NAME 17000 PICKETTS COVE RD STREET ADDRESS 26 WINDSOR ISLE STREET ADDRESS ORLAPOD, FL 32820 CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☑ Change ☐ Addition Vesda Williams ADDRESS NAME WILLIAMS, VESDA NAME 17000 PILKETTS COVE RD 26 WINDSOR ISLE STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP ORLANDO, FL 32820 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 gither like propowered.

NG OFFICER OR DIRECTOR

FILED

Jan 19, 2006 8:00 am