

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 574464
1. Entity Name
H2O SYSTEMS, INC.



Principal Place of Business
313 NE 3RD AVENUE
CAPE CORAL, FL 33909-9423

Mailing Address
313 NE 3RD AVENUE
CAPE CORAL, FL 33909-9423



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1855123	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROLLINGS, HARVEY
4040 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P EVENSON, MARK W. 313 N.E. 3RD AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRAND, DOUGLAS L 501 SW 8TH TERRACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EVENSON, THOMAS A 2410 SW 40 TERR CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EVENSON, KURT A 2582 SW 27 PL CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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010000392844
01/24/06 80100-007 158.75

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 empowerers.

SIGNATURE: Douglas L Brand DOUGLAS L BRAND 1-14-06 339-574-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #