

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90109 003 ***150.00

DOCUMENT # P05000046404

1. Entity Name
H20ME POWER CORP



40055744



Principal Place of Business Mailing Address
 4526 NW 36TH STREET 4526 NW 36TH STREET
 GAINESVILLE, FL 32605 US GAINESVILLE, FL 32605 US

2. Principal Place of Business 3. Mailing Address
4744 NW 35th St **4744 NW 35th St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State City & State
GAINESVILLE FL **GAINESVILLE FL**
 Zip Country Zip Country
32605 **U.S.** **32605** **U.S.**

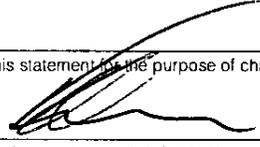
4. FEI Number Applied For
04-3850495 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SLEE, RAYMOND
 4526 NW 36TH STREET
 GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent
 Name **SLEE RAYMOND**
 Street Address (P.O. Box Number is Not Acceptable)
4744 NW 35th St
 City **GAINESVILLE** FL Zip Code **32605**

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	<input type="checkbox"/> Delete
DIR	SLEE, RAYMOND	4526 NW 36TH STREET	GAINESVILLE, FL 32605	<input type="checkbox"/>
DIR	DRANE, JAMES R	2056 SW SHILOH STREET	FORT WHITE, FL 32038	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  Date: _____ Daytime Phone #: **352 375 0411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR