2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000031749

Entity Name: H2O HIGH WATERLINE SERVICES, INC.

FILED Apr 05, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---------------------------------|---|---------------------------------------|
| 435 SEABREEZE DRIVE INDIALANTIC, FL 32903 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 435 SEABREEZE DRIVE INDIALANTIC, FL 32903 | | | |
| FEI Number: 36-4671146 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MILLER, ALLEN L 129 W HIBISCUS BLVD | | | |
| MELBOUNE, FL 32901 L | JS | | |
| The above named entity si in the State of Florida. | ubmits this statement for the p | urpose of changing its registered | l office or registered agent, or both |
| SIGNATURE: | | | |
| Electroni | c Signature of Registered Age | nt | Date |

OFFICERS AND DIRECTORS:

Title:

Name: KRAMER, TRACY
Address: 435 SEABREEZE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D

Name: KRAMER, CARL D
Address: 435 SEABREEZE DRIVE
City-St-Zip: INDIALANTIC, FL 32903 US

I hereby 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 all other like empowered.

SIGNATURE: TRACY KRAMER D 04/05/2012