

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

04-11-2008 90055 039 ***150.00

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|--|---|---------|--|---|--|
| DOCUMENT # P98000019664 1. Entity Name THE H2O CONNECTION, INC. | | | | | |
| Principal Place of Business 10088 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071 | | | Mailing Address 10088 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0817544 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MARPLE, CHARLES E 10088 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE: <u>Charles E. Marple</u> <small>Signature, typed or printed name of registered agent and use if applicable</small> | | | | DATE: <u>4/29/08</u> <small>(NOTE: Registered Agent signature required when retesting)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARPLE, CHARLES E 10088 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Charles E. Marple</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE: <u>4/29/2008</u> 754 Daytime Phone # <u>755-8983</u> | |

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