



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134593		2. Name of Corporation Neptune Technology Group Inc.			
3. Street Address Principal Business Office 1600 ALABAMA HWY 229			City TALLASSEE	State AL	Zip 36078
4. Business Phone No. 334-283-6555		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL MANUFACTURED METERS AND SYSTEMS TO BUSINESSES, WATER PRODUCT DISTRIBUTORS, WATER DISTRIBUTION COMPANIES AND MUNICIPALITIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES C DILAURA			Vice President Name HENRY T GOLDEN		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Secretary Name LAWRENCE M. RUSSO			Treasurer Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			SAME		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



134593

File Date	FILED
Check No.	MAR 14 2005
By	[Signature]
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Lawrence M. Russo Date: 03/10/2005

Print or Type Name of Officer: LAWRENCE M. RUSSO

Title of Officer: V.P. FINANCE AND SECRETARY



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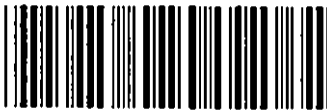
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President Name CHARLES C. DILAURA			Vice President Name JIM MANNEBACH		
Street Address 1600 ALABAMA HWY 229			Street Address 1600 ALABAMA HWY 229		
City TALLASSEE	State AL	Zip 36078	City TALLASSEE	State ALABAMA	Zip 36078
Secretary Name LAWRENCE M. RUSSO			Treasurer Name MARTIN HEADLEY		
Street Address 1600 ALABAMA HWY 229			Street Address 1600 ALABAMA HWY 229		
City TALLASSEE	State ALABAMA	Zip 36078	City TALLASSEE	State ALABAMA	Zip 36078
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Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City TALLASSEE	State AL	Zip 36078	City TALLASSEE	State ALABAMA	Zip 36078
Director Name LAWRENCE M. RUSSO			Director Name MARTIN HEADLEY		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City TALLASSEE	State AL	Zip 36078	City TALLASSEE	State ALABAMA	Zip 36078
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1,000 COMM \$0.01 PAR VALUE			1000	Comm	\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 4 5 9 3 *

File Date 2-23-04
Check No. 154837
By: 2

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Lawrence Russo
Signature of Officer

02/19/04
Date

LAWRENCE M. RUSSO
Print or Type Name of Officer

VP FINANCE / SECRETARY
Title of Officer