2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2004 8:00 am Secretary of State **DOCUMENT # G08444** 1. Entity Name 03-15-2004 90059 017 ***158.75 POOLCO, INC. Mailing Address Principal Place of Business 1301 W PALMETTO PK RD 1301 W PALMETTO PK RD BOCA RATON, FL 33486 BOCA RATON, FL 33486 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2232920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODLEY, HERMAN Street Address (P.O. Box Number is Not Acceptable) 1301 WEST PALMETTO PARK ROAD BOCA RATON, FL Zip Code 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Channe ☐ Addition WOODLEY, HERMAN NAME NAME STREET ADDRESS 941 NW 10TH ST STREET ADDRESS CITY - ST- ZIP BOCA RATON, FL CITY-ST-7P TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOODLEY, BETTY NAME NAME 941 NW 10TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE Change Addition TITLE Joseph-STACHTUNAS NAME NAME 7375 WOODLAND CREEK LANE STREET ADDRESS STREET ADDRESS FL 33467 LAKE WORTH CITY-ST-7IP CITY-ST-ZIP Delete Change TITLE TITLE Addition FRANK WOODley NAME NAME SHIPLY COMPTHEY CIR. STREET ADDRESS STREET ADDRESS 33437 CITY-ST-ZIP CITY-ST-7IP □ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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