2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36568

Entity Name: SWIM N' FUN. INC.

GREENACRES CITY, FL

City-St-Zip:

FILED Mar 16, 2005 Secretary of State

		1 314, 1143.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	TH AVENUE N CRES CITY, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TH AVENUE N CRES CITY, FL				
FEI Number:	: 59-2719338	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent	: Name and Address of	New Registered Agent:	
GREENAC	TH AVENUE N CRES CITY, FL	_ 33463 US	he purpose of changing its registered	office or registered agent, or both	
	e of Florida.	submits this statement for t	ne purpose of changing its registered	office of registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST (LEITE, LAURA, 4896 -10TH AV GREENACRES	ENUE NORTH	Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address:	VTD (LEITE, CARL, 4896 -10TH AV) Delete 'ENUE NORTH	Title: (Name: Address:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAURA LEITE PRES 03/16/2005