2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: POOL LEAK DOCTOR, LLC

Current Principal Place of Business:

2200 MARSH HAWK LANE
#212
ORANGE PARK, FL 32003

New Principal Place of Business:

2200 MARSH HAWK LANE
#212
FLEMING ISLAND, FL 32003

Current Mailing Address:

2200 MARSH HAWK LANE
#212
ORANGE PARK, FL 32003

New Mailing Address:

2200 MARSH HAWK LANE
#212
FLEMING ISLAND, FL 32003

FEI Number: 26-2790849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERS, WILLIAM A
2200 MARSH HAWK LANE
#212
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

PETERS, WILLIAM A
2200 MARSH HAWK LANE
#212
FLEMING ISLAND, FL 32003 US

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.

SIGNATURE: 03/15/2011

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PETERS, WILLIAM A
Address: 2200 MARSH HAWK LANE #212
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: WILLIAM PETERS MGRM 03/15/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date