

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027888

FILED
Jan 23, 2007
Secretary of State

Entity Name: SPLISH SPLASH POOLS SUPPLIES, INC.

Current Principal Place of Business:

1930 U.S. 19 N. PAPPAS PLAZA
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

1930 U.S. 19 N. PAPPAS PLAZA
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-3633077 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSARIO, STABILE
1930 U.S. 19 N. PAPPAS PLAZA
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

STABILE, CHRISTOPHER P
2431 FIELDCREST COURT
HOLIDAY, FL 34691 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: CHRISTOPHER P. STABILE 01/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STABILE, ROSARIO
Address: 8019 EMBASSY BOULEVARD
City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STABILE, CHRISTOPHER P
Address: 2431 FIELDCREST COURT
City-St-Zip: HOLIDAY, FL 34691

Title: VP () Change (X) Addition
Name: STABILE, CHAD P
Address: 2431 FIELDCREST COURT
City-St-Zip: HOLIDAY, FL 34691

Title: T () Change (X) Addition
Name: STABILE, JULIANA A
Address: 2431 FIELDCREST COURT
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER P. STABILE PRES 01/23/2007

Electronic Signature of Signing Officer or Director Date