2006 FOR PROFIT CORPORATION

Feb 02, 2006 8:00 am Secretary of State ANNUAL REPORT 02-02-2006 90039 034 ***150.00 DOCUMENT # P04000068375 J. ABBOTT POOL SERVICES, INC. 60010441 Principal Place of Business Mailing Address 1110 S FEDERAL HIGHWAY 2 1110 S FEDERAL HIGHWAY 2 LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) Applied For City & State City & State 4. FFI Number 20-1049898 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 ABBOTT, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1110 S FEDERAL HIGHWAY 2 LAKE WORTH, FL 33460 City Zip Code 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete Addition TITLE TID F ☐ Change ABBOTT: JOSEPH NAME NAME STREET ADDRESS 1110 SFEDERAL HIGHWAY 2 STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP CITY-ST-ZIP VP.D ☐ Delete TITLE TITLE ☐ Change ☐ Addition MADDALINO, CHRISTOPHER NAME NAME 3651 15 E. 2ND STREET STREET ADORESS STREET ADORESS BOYNTON BEACH, FL 33435 CITY-ST-ZIP CITY-ST-ZIE ST.D TITLE ☐ Delete TITLE Change ☐ Addition HOLT, DAVID NAME NAME STREET ADDRESS 307 LAKESIDE AVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Channe ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

SUNSEST OUT TO SIGNING OFFICER OF DIRECTOR

561 541 8703

FILED