2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 02, 2006 8:00 am Secretary of State DOCUMENT # P04000111063 03-02-2006 90007 019 ***158.75 1. Entity Name PICK YOUR POOL COMPANY, INC. Principal Place of Business Mailing Address 892 WESSON DR PO BOX 520073 LONGWOOD, FL 32752 CASSELBERRY, FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) OI DUNCAN TRAIL City & State City & State 4. FEI Number Applied For 30-0294383 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOVONI & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 505 AVENUE A, NW **SUITE 102** WINTER HAVEN, FL 33881 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature typed or printed risme 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 4. 4.90 10. CONTROL OF THE CONTROL TO DESCRIPTION OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. Destablished ----- Delete TITLE ☐ Channe ☐ Addition NAME: PICKLES, STEVEN J NAME STREET ADDRESS 892 WESSON DR STREET ADDRESS CASSELBERRY, FL 32707 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition PICKLES, LINDA M NAME STREET ADDRESS STREET ADDRESS 892 WESSON DR CITY-ST-7IP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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.

FILED