

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 26, 2008
Secretary of State**

DOCUMENT# P07000100635

Entity Name: BLUE HORSESHOE POOLS, INC.

Current Principal Place of Business:

11978 S.W. 55 ST.
COOPER CITY, FL 33330 US

New Principal Place of Business:

5722 SOUTH FLAMINGO ROAD
248
FORT LAUDERDALE, FL 33330 US

Current Mailing Address:

11978 S.W. 55 ST.
COOPER CITY, FL 33330 US

New Mailing Address:

5722 SOUTH FLAMINGO ROAD
248
FORT LAUDERDALE, FL 33330 US

FEI Number: 39-2062683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIMMER, JUAN P
11978 S.W. 55 ST.
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIMMER, JUAN P
Address: 11978 S.W. 55 ST.
City-St-Zip: COOPER CITY, FL 33330 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TORRES, RICARDO J
Address: 3220 PARK BRACH AVE.
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify 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: JUAN P. DIMMER

P

11/26/2008

Electronic Signature of Signing Officer or Director

_____ Date