2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # P96000032738 DON'S POOL MAINTENANCE, INC. Principal Place of Business Mailing Address 3818 FLORIDA BLVD 3818 FLORIDA BLVD PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 01052007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0668899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RICHARDS, DONALD G DO NOT WRITE 3818 FLORIDA BLVD LAKE PARK, FL 33410 IN THIS SPACE 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, typed or printed name of registered agent and little it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE RICHARDS, DONALD G NAME U00000610047 STREET ADDRESS 3818 FLORIDA BLVD 02/02/07-80005-015 tsn.nh CITY-ST-ZIP LAKE PARK, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIME IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby 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 officer and that my name appears in Block 10 or Block 11 if changed, or officer and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE

CITY-ST-ZIP

D onald H Richards
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

561-626-6644

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