


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000035869 1. Entity Name POOL BARRIER, INC.	
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Principal Place of Business 1313 S. KILLIAN DRIVE WEST PALM BEACH, FL 33403 US	Mailing Address 1313 S. KILLIAN DR. WEST PALM BEACH, FL 33403
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0497685	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRYDA, WILLIAM 1313 S. KILLIAN DR. WEST PALM BEACH, FL 33403

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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRYDA, WILLIAM 1313 SOUTH KILLIAN DRIVE WEST PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEIN, GABRIELE M. 1313 SO. KILLIAN DRIVE WEST PALM BEACH, FL 33403
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<p>--- 00000184060 01/20/05-80015-001 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/12/05 561-841-0800
Date Daytime Phone #