


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90108 011 ***150.00

DOCUMENT # 265359	
1. Entity Name CRESCENT POOL SUPPLY CO., INC.	

Principal Place of Business 2310 S STATE RD 7 HOLLYWOOD FLA, 33023	Mailing Address 2310 SO. STATE RD #7 MIRAMAR, FL 33023 US
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2. Principal Place of Business - No P.O. Box # 4807 CLEVELAND ST	3. Mailing Address 4807 CLEVELAND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood, Florida	City & State Hollywood, Florida
Zip 33021	Zip 33021
Country BROWARD	Country BROWARD

8. Name and Address of Current Registered Agent LABRUTO, ROBERT 2310 S. STATE ROAD 7 HOLLYWOOD, FL 33023	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABRUTO, ROBERT 2310 S STATE RD 7 HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4807 CLEVELAND ST Hollywood, FLA 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LABRUTO, PHILIP J. JR. 2310 S STATE RD 7 HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3762 W LAKES ESTATE DR. DAVIE, Florida 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Robert LaBruto</i> ROBERT LABRUTO	<i>Jan 30, 2007</i> 954-981-3095
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>