2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# 300940

Entity Name: BAY AREA POOLS AND SPAS, INC.

Current Principal Place of Business:

5015 W WATERS AVE.
SUITE A
TAMPA, FL 336341317 US

New Principal Place of Business:

Current Mailing Address:

5015 W WATERS AVE.
SUITE A
TAMPA, FL 336341317 US

New Mailing Address:

FEI Number: 59-0937267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAYTON, GAROLD F.
5015 W WATERS AVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

CRAYTON III, GAROLD F PRES
5015 W WATERS AVE
SUITE A
TAMPA, FL 33634 US

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: GAROLD F. CRAYTON III 04/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRAYTON, GAROLD F MR.
Address: 5015 W WATERS AVE
City-St-Zip: TAMPA,, FL 33634 US

Title: D ( ) Delete
Name: CRAYTON, STEPHEN K MR.
Address: 5015 W WATERS AVE
City-St-Zip: TAMPA,, FL 33634 US

Title: S ( ) Delete
Name: MURDOCK, MARGARET D MRS.
Address: 5015 W WATERS AVE
City-St-Zip: TAMPA,, FL 33634 US

Title: PTD ( ) Delete
Name: CRAYTON III, GAROLD F F MR.
Address: 5015 W WATERS AVE
City-St-Zip: TAMPA, FL 33634 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: HAHMANN, DAVID J
Address: 5015 W WATERS AVE
City-St-Zip: TAMPA, FL 33634 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GAROLD F. CRAYTON III PRES 04/17/2006
Electronic Signature of Signing Officer or Director Date