

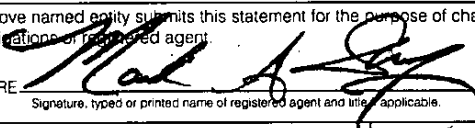
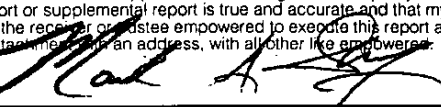


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90018 034 \*\*\*150.00

<b>DOCUMENT # 321146</b> 1. Entity Name <b>CLEAR POOLS MAINTENANCE INC</b>					
Principal Place of Business <b>408 COMMERCE WAY STE 1 POB 524 JUPITER, FL 33458</b>			Mailing Address <b>P.O. BOX 524 POB 524 JUPITER, FL 33468 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01052006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>59-1172224</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SHIREY, MARK , A 7297 159TH CT N PALM BEACH GARDENS, FL 33418</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
B. 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 			DATE <b>2/2/06</b>		
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)			FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PT VS</b> <input type="checkbox"/> Delete NAME <b>SHIREY, MARK A</b> STREET ADDRESS <b>7297 159TH CT. NO.</b> CITY-ST-ZIP <b>PALM BEACH GDNS., FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VS PT</b> <input type="checkbox"/> Delete NAME <b>SHIREY, JAMES MICHAEL</b> STREET ADDRESS <b>8075 155 PLACE N</b> CITY-ST-ZIP <b>PALM BCH GARDENS, FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 registered agent 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 empowerments.					
SIGNATURE: 			Date <b>2/2/06</b> Daytime Phone # <b>561-747-8501</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					