2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 438857

1. Entity Name
PERFECT POOLS, INC.

Principal Place of Business	Mailing Address
7660 RAMONA ST MIRAMAR, FL 33023	7660 RAMONA ST MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1616837		Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORY, DAVID A
7660 RAMONA STREET
MIRAMAR, FL 33023

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	FLORY, DAVID A
STREET ADDRESS	7660 RAMONA ST
CITY-ST-ZIP	MIRAMAR, FL 33023

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _David A. Flory_   DAVID A. FLORY   4-28-06   954-963-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   _Date_   Daytime Phone #