

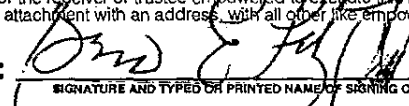


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 558948</b> 1. Entity Name <b>DENNY'S POOLS, INC.</b>			
Principal Place of Business <b>2134 FAULK DRIVE TALLAHASSEE, FL 32303</b>		Mailing Address <b>2134 FAULK DRIVE TALLAHASSEE, FL 32303</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		03172005 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-2099726</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			
<b>MCCALLUM, DENNIS CHARLES 2134 FAULK DRIVE TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		UN00000345563 04/30/05-80039-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PT		
NAME	MCCALLUM, DENNIS CHARLES		
STREET ADDRESS	2134 FAULK DRIVE		
CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	VPS		
NAME	MCCALLUM, CAROL		
STREET ADDRESS	2134 FAULK DRIVE		
CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	D		
NAME	FITZGERALD, BRIAN E		
STREET ADDRESS	903 1/2 N MONROE STREET		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
<b>SIGNATURE:</b> 		<b>BRIAN E FITZGERALD DIRECTOR</b> 3/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/27/05 Phone 850-824-0555	