

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 650382 1. Entity Name PALS POOLS, INC.			
Principal Place of Business 1597 STENSTROM RD WAUCHULA, FL 33873		Mailing Address RT 1 STENSTROM RD PO BOX 1324 WAUCHULA, FL 33873	
DO NOT WRITE IN THIS SPACE			
		03092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1960310	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GRAHAM, JUDY 409 SO 6 AVE WAUCHULA, FL 33873		DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000471005 03/28/06-80036-017 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRADER, EMMETT LEON 1597 STENSTROM RD WAUCHULA, FL 33873		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRADER, PATTY JO 1597 STENSTROM RD WAUCHULA, FL 33873		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE 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 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: <u><i>L. Emmett Schrader</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/06 863 773 6200 Date Daytime Phone #	