2008 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Apr 16, 2008 08:00 AN Secretary of State **DOCUMENT #667037 BLU-AQUA POOL CORPORATION** Principal Place of Business Mailing Address 1843 BARBER ROAD 1843 BARBER ROAD SARASOTA, FL 34240 US SARASOTA, FL 34240 US No Cha-P CR2E034 (11/05) 04102008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1636285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KOZAK, ANTON 1843 BARBER RD. SARASOTA, FL 34240 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when roinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE U000000899123 NAME KOZAK, ANTON 04/28/08-80025-017 150.0n 227 WOODS POINT RD. STREET ADDRESS OSPREY, FL 34229 CITY-ST-ZIP TITLE NAME KOZAK, INGRID D STREET ADDRESS 227 WOODS POINT RD. CITY-ST-ZIP OSPREY, FL 34229 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

Davisme Phone #