


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90037 030 \*\*\*150.00

<b>DOCUMENT # 673355</b> 1. Entity Name PRO POOLS, INC.	
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Principal Place of Business 1752 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303-5345	Mailing Address 1752 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303-5345
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**DO NOT WRITE IN THIS SPACE**

66000767




01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2038637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SELLARS, WILBUR A  
1752 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32303

**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 remitting)  
DATE 1/8/08

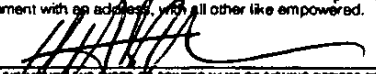
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SELLARS, WILBUR A 1752 OLD BAINBRIDGE RD TALLAHASSEE, FL, FL 32303
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IN THIS SPACE**

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:  1/8/08 224-0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone