2006 NOT-FOR-FIOFIT CORPORATION ANNUAL REPORT (AR)

| ANNUAL REPORT (AR) | | | | Feb 17, 2006 8:00 am |
|---|--|---|---------------------------------------|--|
| DOCU 1. Entity Nam | MENT # 707380 | | | Secretary of State 02-17-2006 90073 009 ****61.25 |
| THE BOAT HOUSE POOL, INC. | | | | |
| Principal Plac | e of Business | Mailing Address | | |
| 2115 SE 18 ST FORT LAUDERDALE FL 33316 | | C/O ALAN E SIEGEL, SEC-TREAS 2111 SE 18 ST FORT LAUDERDALE FL 33316 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 1 100111 10011 10000 11101 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E037 (10/05) |
| City & State | | City & State | | 4. FEI Number Applied For S9-1143385 Not Applied be |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Address of New Registered Agent |
| SIEGEL, ALAN E 2111 SE 18 ST FORT LAUDERDALE FL 33316 | | | | dress (P.O. Box Number is Not Acceptable) |
| | | | City | Zip Code |
| 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. Nyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State | | | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP OCONNELL, PHILIP 2103 SE 18 ST FORT LAUDERDALE FL 33316 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOCONNELL, PHILP 2103 SE 18 STREET FORT LAUDENDALE FL 333/6 |
| TITLE NAME | D TAFOYA, CRAIG | ☐ Delete | TITLE NAME | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | 2107 SE 18TH ST FORT LAUDERDALE FL 33316 | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST SIEGEL, ALAN 2111 SE 18 STREET FORT LAUDERDALE FL 33316 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP NICKOLAS, DETURE 2101 SE 18 STREET FORT LAUDERDALE FL 33316 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DETUNE, NICHOLAS Addition 2101 SE 18 STREET FORT LAUDENDALE FL 33316 |
| NAME STREET ADDRESS CITY-ST-ZIP | | E.] Delete | | PAFOYA, MARY 2107 SE 18 STREET FORT LAUDENDALE FL 333/6 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | O'CONNELLO KARI 2103 SE 18 STREET FORT LAUDERDALE FL 33316 |

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report of 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 leceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an adapt ment with an address, with all other like empowered.

SIGNATURE:

SEC-TREAS ALAN E. SIEGEL, SEC-TREAS 2-3-06 958-8958