2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734886

FILED Mar 17, 2008 Secretary of State

Entity Name: ASSOCIATED SWIMMING POOL INDUSTRIES OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1313 PONCE DE LEON BLVD STE 200 CORAL GABLES, FL 33134 US **Current Mailing Address: New Mailing Address:** P O BOX 630736 P O BOX 630736 MIAMI, FL 33163 US MIAMI, FL 331630736 US FEI Number: 59-1657925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, DANIEL ESQ. 1313 PONCE DE LEON BLVD

CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Address:

City-St-Zip:

1001 NW 51ST ST

FORT LAUDERDALE, FL 33309

SUITE 200

Electronic Signature of Registered Agent

Electronic elginatare el regiotere

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Change () Addition () Delete HOROWITZ, BENNIE Name: Name: 8530 SW 44TH ST Address: Address: City-St-Zip: MIAMI, FL 33155 US City-St-Zip: Title: SD () Delete Title: () Change () Addition KIMBALL, FRED Name: Name: Address: 7715 S W 122ND ST Address: City-St-Zip: MIAMI, FL 33156 US City-St-Zip: ΤD Title: ΤD () Delete Title: (X) Change () Addition SHAHD, HANNA, HANNA, SHAHD Name: Name: P O BOX 630736 Address: Address: P O BOX 630736 City-St-Zip: MIAMI, FL 33163 US City-St-Zip: MIAMI, FL 33163 US Title: () Delete Title: (X) Change () Addition Name: KATON, ROBERT W Name: KATON, ROBERT W 1800 SW 92ND PL 1800 SW 92ND PL Address: Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33165 US Title: VP D () Delete Title: (X) Change () Addition MCKINNEY, DOROTHY DAVIS, DANIEL ESQ Name: Name: 8545 SW 110TH ST 1313 PONCE DE LEON BLVD STE 200 Address: Address: City-St-Zip: MIAMI, FL 33156 US City-St-Zip: CORAL GABLES, FL 33134 US Title: () Delete Title: (X) Change () Addition RUBIN. NEIL RUBIN. NEIL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1001 NW 51ST ST

FORT LAUDERDALE, FL 33309 US

SIGNATURE: FRED KIMBALL S 03/17/2008