2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001382

Entity Name: ZODIAC POOL CARE, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2620 COMMERCE WAY VISTA, CA 92081				6000 CONDOR DRIVE MOORPARK, CA 93021		
Current M	lailing Addres	s:		New Maili	ing Address:	
2620 COMMERCE WAY VISTA, CA 92081				6000 CONDOR DRIVE MOORPARK, CA 93021		
FEI Number:	: 13-3786641	FEI Number Applied For ()	FEI Num	nber Not Appl	Dlicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
1201 HAYS TALLAHAS The above	SSEE, FL 3230)1 US	pose of	^F changing if	its registered office or registered agent, or both,	
SIGNATUF						
		ic Signature of Registered Agent	t		 Date	
	S AND DIREC	Delete		ADDITION Title: Name:	NS/CHANGES TO OFFICERS AND DIRECTOR DP (X) Change () Addition RASP, ROBERT J	
Address: City-St-Zip:	2620 COMMER VISTA, CA 920	CE WAY		Address: City-St-Zip:	6000 CONDOR DRIVE MOORPARK, CA 93021	
Title: Name: Address: City-St-Zip:	D () RENARD, JEAN 2620 COMMER VISTA, CA 920	CE WAY		Title: Name: Address: City-St-Zip:	V (X) Change () Addition PRUDHOMME, ANTHONY D 6000 CONDOR DRIVE MOORPARK, CA 93021	
Title: Name: Address: City-St-Zip:	DP () THEISCHER, K 2620 COMMER VISTA, CA 920	CE WAY		Title: Name: Address: City-St-Zip:	S (X) Change () Addition CORTELL, MARK 6000 CONDOR DRIVE MOORPARK, CA 93021	
Title: Name: Address: City-St-Zip:	CEO () THEISCHER, K 2620 COMMER VISTA, CA 920	CE WAY		Title: Name: Address: City-St-Zip:	AS (X) Change () Addition MOJICA, ELISA 6000 CONDOR DRIVE MOORPARK, CA 93021	
Title: Name: Address: City-St-Zip:	V (X) HERLEHY, TIM 2620 COMMER VISTA, CA 920			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CICCHILLO, RI	00 PEACHTREE ST		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISA MOJICA AS 05/01/2008