2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# F07000001382

Entity Name: ZODIAC POOL CARE, INC.

Current Principal Place of Business:

6000 CONDOR DRIVE
MOORPARK, CA 93021

New Principal Place of Business:

Current Mailing Address:

6000 CONDOR DRIVE
MOORPARK, CA 93021

New Mailing Address:

FEI Number: 13-3786641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RASP, ROBERT J
Address: 6000 CONDOR DRIVE
City-St-Zip: MOORPARK, CA 93021

Title: V ( ) Delete
Name: PRUDHOMME, ANTHONY D
Address: 6000 CONDOR DRIVE
City-St-Zip: MOORPARK, CA 93021

Title: S ( ) Delete
Name: CORTELL, MARK
Address: 6000 CONDOR DRIVE
City-St-Zip: MOORPARK, CA 93021

Title: AS ( ) Delete
Name: MOJICA, ELISA
Address: 6000 CONDOR DRIVE
City-St-Zip: MOORPARK, CA 93021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PRUDHOMME, ANTHONY D
Address: 6000 CONDOR DRIVE
City-St-Zip: MOORPARK, CA 93021

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: FRANCOIS, MIRALLIE
Address: 1, QUAI DE GRENELLE
City-St-Zip: PARIS, FR 75015

Title: V ( ) Change (X) Addition
Name: EUGENE, MCQUEEN K
Address: 6000 CONDOR DRIVE
City-St-Zip: MOORPARK, CA

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 03/30/2009

Electronic Signature of Signing Officer or Director Date