

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48273

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: DIXIE BLUE POOLS, INC.

**Current Principal Place of Business:**

CLARENCE M COCHRANE  
1103 N.E. 118TH ST  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

CLARENCE M COCHRANE  
1103 N.E. 118TH ST  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 59-2120720      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCHRANE, CLARENCE M  
1103 N.E. 118TH ST  
NORTH MIAMI, FL 33161      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: COCHRANE, CLARENCE M,  
Address: 1103 N E 118TH ST  
City-St-Zip: NORTH MIAMI, FL 00000, FL 33161 US

Title: T      ( ) Delete  
Name: COCHRANE, MARY,  
Address: 1103 NE 118 ST.  
City-St-Zip: NORTH MIAMI, FL 33161 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARENCE M COCHRANE

MR

04/26/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date