2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57205

City-St-Zip:

NAPLES, FL 34104

Entity Name: BRACKEN POOLS, INC.

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
C/O GREGORY B HOWARD 3784 PROGRESS AVENUE NAPLES, FL 34104 US			C/O LISA M GROSS 3784 PROGRESS AVENUE NAPLES, FL 34104 US		
Current Mailing Address:			New Mailing Address:		
C/O GREGORY B HOWARD 3784 PROGRESS AVENUE NAPLES, FL 34104 US			C/O LISA M GROSS 3784 PROGRESS AVENUE NAPLES, FL 34104 US		
FEI Number:	: 59-2145896	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1085 - 5TH P.O. BOX					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () GROSS, LISA I 3784 PROGRE NAPLES, FL 3	SS AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (GROSS, JERO 3784 PROGRE NAPLES, FL 3	SS AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO (HOWARD, GRI 3784 PROGRE NAPLES, FL 3	SS AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S/T (HOWARD, PAN 3784 PROGRE		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LISA M GROSS P 01/06/2006