


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F99000005034 1. Entity Name POLARIS POOL SYSTEMS, INC. |  |
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| Principal Place of Business 2620 COMMERCE WAY VISTA, CA 92081 | Mailing Address 2620 COMMERCE WAY VISTA, CA 92081 |
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 13-3786641 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fees Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD KOWNACKI, ERIC J 18674 LOCKSLEY STREET SAN DIEGO, CA 92128 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DANIELS, TERRY QUAD-C 230 EAST HIGH STREET CHARLOTTESVILLE, VA 22902 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BINNING, GARY 38 BUXTON ROAD CHATHAM, NJ 07928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HASWELL, ROBERT 41 BUTLER STREET COS COB, CT 06807 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSS, ELLIOT 8 HUNTING HOLLOW DRIVE PEPPERPIKE, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

1100000184280
01/20/05-80015-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE: <u><i>Eric Kownacki</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <u>1/7/05</u> Date | <u>760-488-9600</u> Daytime Phone # |
|---|-----------------------|--|