

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61983

FILED
Jan 15, 2007
Secretary of State

Entity Name: ATLAS POOLS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

801 EYRIE DRIVE
SUITE 100
OVIEDO, FL 32765 US

Current Mailing Address:

801 EYRIE DRIVE
SUITE 100
OVIEDO, FL 32765 US

New Principal Place of Business:

3024 KANANWOOD CT.
SUITE 1008
OVIEDO, FL 32765 US

New Mailing Address:

3024 KANANWOOD CT.
SUITE 1008
OVIEDO, FL 32765 US

FEI Number: 59-2782342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEMPLE, BRUCE M
801 EYRIE DR.
SUITE 100
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

WEMPLE, BRUCE M
3024 KANANWOOD CT.
SUITE 1008
OVIEDO, FL 32765 US

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: BRUCE M. WEMPLE

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEMPLE, BRUCE M
Address: 801 EYRIE DR. SUITE 100
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: MAVRAKIS, TIFFANI L
Address: 801 EYRIE DR. SUITE 100
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEMPLE, BRUCE M
Address: 3024 KANANWOOD CT. SUITE 1008
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: MAVRAKIS, TIFFANI L
Address: 3024 KANANWOOD CT. SUITE 1008
City-St-Zip: OVIEDO, FL 32765

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: TIFFANI L. MAVRAKIS

VP

01/15/2007

Electronic Signature of Signing Officer or Director

Date