



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # J71603 1. Entity Name WATER STYLE POOLS, INC.	
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Principal Place of Business 3640 NW 118TH AVE., #6 CORAL SPRINGS, FL 33065	Mailing Address 3640 NW 118TH AVE., #6 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

	
01032007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2801435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TUDOR, GEORGE DEE 2152 NW 45 AVE COCONUT CREEK, FL 33066	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

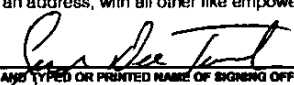
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUDOR, GEORGE DEE 2152 NW 45 AVE COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERLAZZO, JOHN 10354 NWW 54 PLACE CORAL SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**U000000578901
01/09/07-80048-010 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **1-4-07** **954 752 7997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #