



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J71603</b> 1. Entity Name WATER STYLE POOLS, INC.			
Principal Place of Business 3640 NW 118TH AVE., #6 CORAL SPRINGS, FL 33065		Mailing Address 3640 NW 118TH AVE., #6 CORAL SPRINGS, FL 33065	
<b>DO NOT WRITE IN THIS SPACE</b>		  01082008    No Chg-P    CR2E034 (11/05)	
		4. FEI Number 59-2801435	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  TUDOR, GEORGE DEE 2152 NW 45 AVE COCONUT CREEK, FL 33066		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;">000000780130 01/14/08-80010-010 150.00  <b>DO NOT WRITE IN THIS SPACE</b></div>	
TITLE	PD		
NAME	TUDOR, GEORGE DEE		
STREET ADDRESS	2152 NW 45 AVE		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		
TITLE	V		
NAME	FERLAZZO, JOHN		
STREET ADDRESS	10354 NWW 54 PLACE		
CITY-ST-ZIP	CORAL SPRINGS, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-9-08	954-752-7997
		Date	Daytime Phone #