2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04583

FILED Jan 04, 2008 Secretary of State

Entity Name: BEST POOLS OF BREVARD, INCORPORATED

Current P	rincipal Place of B	usiness:	New Principal Place	. or Business.
4660 US 1 MELBOUF	NORTH RNE, FL 32935 U	S		
Current N	lailing Address:		New Mailing Addres	ss:
4660 US 1 MELBOUF	NORTH RNE, FL 32935 U	S		
El Number	: 59-2862055 FEI	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Currer	nt Registered Agent:	Name and Address	of New Registered Agent:
LUECK, D 450 HAML SATELLIT		7 US		
	e named entity submi e of Florida.	ts this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.	ts this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	ts this statement for the nature of Registered Ag		ed office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE:	nature of Registered Ag		
in the Stat SIGNATU Election Ca	e of Florida. RE: Electronic Sig	nature of Registered Ag	gent	
n the Stat SIGNATU Election Ca OFFICER Fitle: Name: Address: Dity-St-Zip:	e of Florida. RE: Electronic Sig mpaign Financing Trust S AND DIRECTORS DP () Delete LUECK, ARTHUR M 166 ISLAND VIEW DR INDIAN HARBOR BEA	Inature of Registered Ag Fund Contribution (). S: INE INE CH, FL 32937	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date SES TO OFFICERS AND DIRECTOR () Change () Addition
n the Stat SIGNATU Election Ca OFFICER Fitle: Name: Address:	e of Florida. RE: Electronic Sig mpaign Financing Trust S AND DIRECTORS DP () Delete LUECK, ARTHUR M 166 ISLAND VIEW DR	nature of Registered Ag Fund Contribution (). S: NVE CH, FL 32937	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: EVA ADCOCK VP 01/04/2008