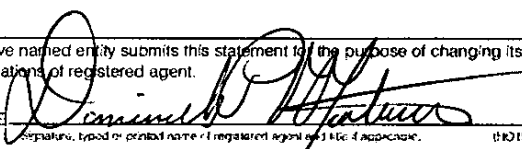


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90001 046 ***150.00

DOCUMENT # K58059 1. Entity Name M & M POOLS, INC.					
Principal Place of Business 195 DESOTO PKWY SATELLITE BEACH, FL 32937 US			Mailing Address 195 DESOTO PKWY SATELLITE BCH, FL 32937 US		
2. Principal Place of Business 345 PARK AVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 372201 Suite, Apt. #, etc.			
City & State SATELLITE BEACH FL		City & State SATELLITE BEACH FL		4. FEI Number 59-2928015	
Zip 32937-3018		Country BREVARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTANARO, DOMINICK P. 195 DESOTO PKWY. SATELLITE BEACH, FL 32937		7. Name and Address of New Registered Agent Name DOMINICK MONTANARO Street Address (P.O. Box Number is Not Acceptable) 345 PARK AVE City SATELLITE BEACH FL Zip Code 32937-3018			
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  DATE 2/9/06 (If I am the Registered Agent, my signature is required when I am not the agent.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MONTANARO, DOMINICK P. 195 DESOTO PKWY SATELLITE BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONTANARO, S. RENEE 195 DESOTO PKWY SATELLITE BEACH, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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; changed, or on an attachment with an address, with all other like information.					
SIGNATURE:  DATE: 2/9/06 DAYTIME PHONE #: 321-777-4847 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					