2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 11, 2006 8:00 am Secretary of State DOCUMENT #K58202 07-11-2006 90013 020 ***400.00 STANTON POOLS, INC. Principal Place of Business Mailing Address 1395 SCORPIOUS COURT 1395 SCORPIOUS COURT 40098081 MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 07052006 Chg-P CR2E034 (11/05) City & State ape Canavera Applied For 4. FEI Number 59-2931892 DOC. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 3920 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stanton STANTON, JEFF Street Address (P.O. Box Number is Not Acceptable) 1395 SCORPIOUS COURT MERRITT ISLAND, FL 32953 Coupe Canaveral 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 tanton SIGNATURE_ (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWIJI FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD JEFF STANTON Delete TITLE TITI F STANTON, JEFF NAME NAME 2012 Tin Roof Ave CAPE CANAVERAL FL STREET ADDRESS 1395 SCORPIOUS COURT STREET ADDRESS MERRITT ISLAND, FL 32953 CITY-ST-ZIP CITY-ST-ZIP 32920 VSD **VSD** Change TITLE ☐ Delete ☐ Addition MARTITA M STANTON 292 TIN ROOF AVE STANTON, MARTITA M NAME NAME STREET ADDRESS 1395 SCORPIOUS COURT STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP 3**3**920 CAPE CANAVERAL, FL TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reverver 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 attach Martita

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