

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021719

FILED
May 02, 2007
Secretary of State

Entity Name: ALL NATURAL POOLS AND SPAS, LLC

Current Principal Place of Business:

6064 OAK BLUFF WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6064 OAK BLUFF WAY
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 56-2378278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PURDY, RICHARD D
6064 OAK BLUFF WAY
LAKE WORTH, FL 33467 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOWD, PATRICK J
Address: 6284 TERRA ROSA CR
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: COO () Delete
Name: CASCIO, DAMON M
Address: 13543 GLYNSHEL DR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: CFO () Delete
Name: PURDY, RICHARD D
Address: 6064 OAK BLUFF WAY
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD D PURDY

MGR

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date