2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027767

Entity Name: CARIBBEAN DREAMS POOL SERVICES, L.L.C.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3209 SW PORT ST LUCIE BLVD
PMB 146
265 SW PORT ST LUCIE BLVD
#358

PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

3209 SW PORT ST LUCIE BLVD
PMB 146
PORT ST. LUCIE, FL 34953
265 SW PORT ST LUCIE BLVD
#358
PORT ST. LUCIE, FL 34984

FEI Number: 20-2532432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'HEARN, JAMES J 2466 NE 17TH STREET JENSEN BEACH, FL 34957 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: AD

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: MISHOE, JON Q Name: MISHOE, JON Q

 Address:
 9917 FLOWER MOUND CIR
 Address:
 1735 NW FORK ROAD

 City-St-Zip:
 PORT SAINT LUCIE, FL 34987
 City-St-Zip:
 STUART, FL 34994

Title: MGR () Delete Title: () Change () Addition

 Name:
 MANCUSO, ROBERT
 Name:

 Address:
 208 FERN LEAF TRAIL
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34953
 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: JON MISHOE MGR 04/20/2009