2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055338

Entity Name: ALL WET POOLS & SPAS LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3919 W RIDGEWOOD DR 6811 NORTH ATLANTIC AVE

SHARPES, FL 32959 US

CAPE CANAVERAL, FL 32920 US

Current Mailing Address: New Mailing Address:

P.O. BOX 642 6811 NORTH ATLANTIC AVE SHARPES, FL 32959 US B

CAPE CANAVERAL, FL 32920 US

FEI Number: 59-3654323 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:

KEESEE, NORALYNNE

2618 MILL RUN BLVD

KISSIMMEE, FL 34744 US

KEESEE, RICK

3919 RIDGEWOOD DR.

COCOA, FL 32926 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: RICK KEESEE 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 KEESEE, RICKEY
 Name:
 KEESEE, RICKEY

 Address:
 P.O. BOX 1480
 Address:
 PO BOX 642

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:
 SHARPES, FL 32959

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

 Name:
 Name:
 MARTIN, PATTI

 Address:
 Address:
 1660 GEORGIANA DR.

 City-St-Zip:
 City-St-Zip:
 MERRITT ISLAND, FL 32952

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: RICK KEESEE MGR 04/30/2009