2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078243

Entity Name: UNITED POOL REPAIR & LEAK SPECIALIST, LLC

FILED Mar 15, 2007 Secretary of State

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

1741 SW 129TH WAY 2195 N. POWERLINE RD SUITE #2 DAVIE, FL 33325 POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

1741 SW 129TH WAY 2195 N. POWERLINE RD SUITE #2 DAVIE, FL 33325 POMPANO BEACH, FL 33069

FEI Number: 86-1147712 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:

CARSTEN, SHANNON L
1741 SW 129TH WAY
DAVIE, FL 33325 US

CARSTEN, SHANNON L
2195 N. POWERLINE RD
SUITE #2
POMPANO BEACH, FL 33069 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: SHANNON CARSTEN 03/15/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CARSTEN, SHANNON L
 Name:

 Address:
 1741 SW 129TH WAY
 Address:

 City-St-Zip:
 DAVIE, FL 33325
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CARSTEN, DAVID W
 Name:

 Address:
 1741 SW 129TH WAY
 Address:

 City-St-Zip:
 DAVIE, FL 33325
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON CARSTEN OWNE 03/15/2007