2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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1. Entity Name
A SPA AND POOL SERVICE, L.L.C.

Principal Place of Business	Mailing Address
95 PROMENADE DR., #101 DUNEDIN, FL 34698	P.O. BOX 182 DUNEDIN, FL 34697

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
50 Harbor Lake Circle	Po Box 341
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State: Safety Harbor, FL
Zip: 34695-0341 Country: Pinellas	Zip: 34695-0341 Country: Pinellas

4. FEI Number: 75-3209717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADLEY, JANET 95 PROMENADE DR., #101 DUNEDIN, FL 34698	Name: Bradley, Janet Street Address (P.O. Box Number is Not Acceptable): 50 Harbor Lake Circle City: Safety Harbor **FL** Zip Code: 34695

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.

SIGNATURE: [signature] Janet L. Bradley — DATE: 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPPA, JAYVEN P.O. BOX 182 DUNEDIN, FL 34697 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rappa, Jayven Po Box 341, Safety Harbor FL 34695-0341 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: [signature] Jayven Rappa — 4/10/07 — 727-520-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #