


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90030 035 ***158.75

DOCUMENT # L78507	
1. Entity Name PARADISE POOL SERVICE INC.	

Principal Place of Business 12239 FOREST CREST CT SPRING HILL FL 34609	Mailing Address 12239 FOREST CREST CT SPRING HILL FL 34609
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2. Principal Place of Business - No P.O. Box # 5344 Barclay Ave	3. Mailing Address 5344 Barclay Ave
Suite, Apt. #, etc. Spring Hill	Suite, Apt. #, etc. Spring Hill
City & State Florida	City & State Fl.
Zip 34609	Country US
Zip 34609	Country US

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3020915	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PICCININI, JOHN G. 275 HAMPSHIRE AVENUE SPRING HILL FL 34606	
5344 Barclay Ave Spring Hill, FL 34609	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME PICCININI, JOHN, G	
STREET ADDRESS 12239 FOREST CREST CT	5344 Barclay Ave
CITY-ST-ZIP SPRING HILL FL	
TITLE S	<input type="checkbox"/> Delete
NAME PICCININI, JUDITH, P	
STREET ADDRESS 12239 FOREST CREST CT	5344 Barclay Ave
CITY-ST-ZIP SPRING HILL FL	
TITLE VP	<input type="checkbox"/> Delete
NAME PICCININI, CHRISTOPHER R	
STREET ADDRESS 12239 FOREST CREST CT	5344 Barclay Ave
CITY-ST-ZIP SPRING HILL FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Piccinini **John Piccinini** 4/1/08 352 544-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #