2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT #L98952

1. Entity Name
NEW IMAGE POOLS & SPAS, INC.

Principal Place of Business	Mailing Address
5449 NW 24ST STE 8 POMPANO BEACH, FL 33063	5449 NW 24ST STE 8 POMPANO BEACH, FL 33063

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0215111

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, STEVEN GLENN
6204 NW 19 CT
MARGATE, FL 33063

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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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, STEVEN GLENN
STREET ADDRESS	6204 NW 19 CT
CITY-ST-ZIP	MARGATE, FL
TITLE	D
NAME	MILLER, STEVEN GLENN
STREET ADDRESS	6204 NW 19 CT
CITY-ST-ZIP	MARGATE, FL
TITLE	V
NAME	MILLER, JENNIFER
STREET ADDRESS	6204 NW 19 CT
CITY-ST-ZIP	MARGATE, FL
TITLE	S
NAME	BLYSTONE, REBECCA
STREET ADDRESS	721 NW 69TH AVE.
CITY-ST-ZIP	MARGATE, FL
TITLE	T
NAME	MILLER, JENNIFER
STREET ADDRESS	6204 NW 19 CT
CITY-ST-ZIP	MARGATE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80040-017 150.00

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12. 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 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: Steven Miller 1-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #