2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98952

Entity Name: NEW IMAGE POOLS & SPAS, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
5449 NW 24ST STE 8 POMPANO BEACH, FL 33063			5449 NW 24ST STE 8 MARGATE, FL 33063	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
5449 NW 24ST STE 8 POMPANO BEACH, FL 33063		5449 NW 24ST STE 8 MARGATE, FL 33063	5449 NW 24ST STE 8 MARGATE, FL 33063	
FEI Number	: 65-0215111 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Age	nt: Name and Address o	f New Registered Agent:	
6204 NW	BTEVEN GLENN 19 CT E, FL 33063 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registere	d Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MILLER, STEVEN GLENN 6204 NW 19 CT MARGATE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MILLER, STEVEN GLENN 6204 NW 19 CT MARGATE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete MILLER, JENNIFER 6204 NW 19 CT MARGATE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete BLYSTONE, REBECCA 721 NW 69TH AVE. MARGATE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete MILLER, JENNIFER 6204 NW 19 CT MARGATE. FL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN GLENN MILLER P 04/21/2009