2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DÔCUMENT # M28719 1. Entity Name QUALITY POOL WORKS, INC.				Secretary of State
QUALIT	t OOL VACRING, 1140.			
Principal Place of Business		Mailing Address		1
2960 N.W. 21ST COURT FT. LAUDERDALE FL 33311		- 2960 N.W. 21ST COURT FT. LAUDERDALE FL 33311		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2684260 Applied Far Not Applied Far
Zip	Country	Ζίρ	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
296	RD, WILLIAM JR. O N.W. 21ST COURT LAUDERDALE FL 33311		Name Street Address . City	(P.O. Box Number is Not Acceptable) Zip Code
the obligat	named entity submits this statement from of registered agent. Signature typed or protocol name of registered agent. SILE NOW!!! FEE IS \$150,00		gistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANS	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CHY-ST-ZIP	PDT FORD, WILLIAM JR. 2960 NW 21ST CT FT. LAUDERDALE FL	□ Delete	TIFLE MAME STREET ADDRESS CITY-ST-ZIP	□ change □ Addition 1000001455767 03/16/ 0 6-80001-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deirte	DIFFE NAME CITY-ST-ZIV	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Chenge ☐ Addilio
FITLE NAME STREET ADDRESS CHY-S1-77P		☐ Delete	TITCE NAME SIREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Additio
TITLE NAME STREET AODRESS GITY-ST-ZIP		□ Delete	HILE MAME STAEET ADDRESS EITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-TIP		☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

FILED

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:

SIGNATURE

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