2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90246 008 ***150.00

DOCUMENT # M81044 To 1. Entity Name AQUATIC POOLS, INC.							01-17-2006	90246 008 ***1	50.00	
Principal Place of Business Mailing Address							บยบบผบ	ਾਕ ਚ		
5500 4TH ST St. Peterse	T NORTH Burg, FL 337	03 US	5500 4TH STREET NORTH ST. PETERSBURG, FL 33703 US		† 188 19 8 11 1	#				
2. Principal Place of Business 347 - 62 PM AUE N.			3. Mailing Address 347 - 62	347-62 " AUE N.						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122006	Chg-P	CR2E034 (11/05))	
ST. PETERS BURG FL.			City & State ST. PETEI	ST. PETERSBURG FL		4. FEI Numb 59-290			Applied For Not Applicable	
337	oa	Country U.S.A.	3370a	Cour	S. A.	5. Certificate	of Status Desired	S8.75 A		
	6. Name a	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New F	Registered Agent		
GRAYL, DALE										
5500 4TH ST NORTH ST PETERSBURG, FL 33703					Street Address (P.O. Box Number is Not Acceptable) 347 - 62 AUE N					
					City	0		FL ZipC	ode a	
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 lamiliar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.									h, and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and tatle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII 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 AN	D DIRECTORS	11.	·	ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTO		
TITLE	DP CDAYL D	N. F.	☐ Delete		- 1			Change	Addition	
NAME Street address	GRAYL, DA			NAM STRI		347 - 62 F	WE N			
CITY-ST-ZIP	,					ST. PETERSBURG FL 33702				
TITLE	DST	•								
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STREET ADDRESS			∟ Delete	NAM	IE					
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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.

GNATURE:

OI-12-06

SIGNATURE: 🛬

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #