


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000020795 1. Entity Name BURTZ POOL RENOVATIONS, INC.																					
Principal Place of Business HOME CAPE CORAL FL 33914			Mailing Address 1125 W. CAPE CORAL PKWY CAPE CORAL FL 33914																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		4. FEI Number 65-0987687 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BURTZ, DANIEL 1125 W. CAPE CORAL PKWY CAPE CORAL FL 33914																	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURTZ, DANIEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1125 W. CAPE CORAL PKWY</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CAPE CORAL FL 33914</td> </tr> </table>			TITLE	PSTD <input type="checkbox"/> Delete	NAME	BURTZ, DANIEL	STREET ADDRESS	1125 W. CAPE CORAL PKWY	CITY - ST - ZIP	CAPE CORAL FL 33914	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000235149 02/18/05-80047-024 158.75 </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000235149 02/18/05-80047-024 158.75	NAME		STREET ADDRESS		CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Daniel S. Burtz* 1/25/05 542-8766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #