2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# P00000085193

Entity Name: BLUE HAVEN POOLS OF TAMPA, INC.

Current Principal Place of Business:

14926 N FLOIRDA AVE
TAMPA, FL 33613

New Principal Place of Business:

14926 N FLORIDA AVE
TAMPA, FL 33613

Current Mailing Address:

2030 MAIN STREET
1030
IRVINE, CA 92614

New Mailing Address:

FEI Number: 74-2973535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KATZ, LARRY
Address: 636 BROADWAY SUITE 310
City-St-Zip: SAN DIEGO, CA 92101

Title: T ( ) Delete
Name: KATZ, LARRY
Address: 636 BROADWAY SUITE 310
City-St-Zip: SAN DIEGO, CA 92101

Title: D ( ) Delete
Name: KATZ, LARRY
Address: 636 BROADWAY, SUITE 310
City-St-Zip: SAN DIEGO, CA 92101

Title: S ( ) Delete
Name: FERRIS, ROBERT
Address: 636 BROADWAY, SUITE 310
City-St-Zip: SAN DIEGO, CA 92101

Title: D ( ) Delete
Name: FERRIS, ROBERT
Address: 636 BROADWAY, SUITE 310
City-St-Zip: SAN DIEGO, CA 92101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KEITH M. CAPP CFO 01/09/2008

Electronic Signature of Signing Officer or Director — Date