2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # P00000109276** 1. Entity Name DESIGN POOLE, INC. Principal Place of Business Maiting Address 15 E. MELBOURNE AVE. 15 E. MELBOURNE AVE. MELBOURNE, FL 32901 MELBOURNE, FL 32901 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-2981365 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POOLE, PATRICIA DO NOT WRITE 2534 MARIETTO ST. NE PALM BAY, FL 32905 IN THIS SPACE 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 according the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE POOLE, PATRICIA NAME STREET ADDRESS 2534 MARIETTA STINE 000000305278 94214205-80077-004 150.00 CITY-ST-ZIP PALM BAY, FL 32905 ST TITLE NAME RHEM, D.D. STREET ADDRESS 15 E. MELBOURNE AVE. CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP

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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-57-70P

4/12/05 (321) 725-0710