2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P00000113676 1. Entity Name POOLMAKERS, INC.							04-07-2006 9	00021 00	6 ***150	.00
Principal Plac	ce of Business	Mailir	ng Address			 				
7743 JODI LYNN DR 7743.			3 JODI LYNN DR							
TAMPA, FL 33615 TAMPA, FL 33615										
2. Principal F	Place of Business	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			03032006	Chg-P	CR2E0	34 (11/05)	
City & State		City	City & State			4. FEI Number 59-3686	 829			pplied For at Applicable
Zip	Country	Zip	ı	Coun	itry	5. Certificate of			\$8.75 Add	
	6. Name and Address of Co	urrent Register	ed Agent			7. Name and A	ddress of New R	egistered #	gent	
ODD IIID	א א ח				Name					
ORR, JUDY D 7743 JODI LYNN DR TAMPA, FL 33615			Street Address (P.O. Box Number is Not Acceptable)							
	_ ••••									
					City			FL	Zip Cod	e
	e named entity submits this statentions of registered agent.	ment for the purp	pase of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if ag	plicable. (NOT	: Registere	id Agent signature require	red when reinstating)		DATE		
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12. 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.

SIGNATURE:

ATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

813-249-2592