

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 31, 2005 8:00 am
Secretary of State**

03-31-2005 90046 033 ***150.00

DOCUMENT # P01000026621

1. Entity Name
OUR POOL GUY CO.



Principal Place of Business
7948 NW 187 TERR
MIAMI, FL 33015

Mailing Address
7948 NW 187 TERR
MIAMI, FL 33015

2. Principal Place of Business
P.O. Box 277702
Suite, Apt. #, etc.

City & State
Miramar, Florida
Zip 33027 Country USA

3. Mailing Address
P.O. Box 277702
Suite, Apt. #, etc.

City & State
Miramar, Florida
Zip 33027 Country USA

03072005 Chg-P CR2E034 (10/03)

| | |
|--|-----------------------------------|
| 4. FEI Number 65-1083645 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
LOOR, JUAN
7948 NW 187 TERR
MIAMI, FL 33015

7. Name and Address of New Registered Agent

| |
|---|
| Name APRIL M. LOOR |
| Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Road, Suite 308 |
| City Ft Lauderdale |
| FL Zip Code 33312 |

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

(Signature) *APRIL M. LOOR*
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/7/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| |
|--|
| <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| PDT LOOR, JUAN 7948 NW 187 TERR MIAMI, FL 33015 |
| <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| VS LOOR, APRIL 7948 NW 187 TERR MIAMI, FL 33015 |
| <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| |
|--|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *(Signature)*

3/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #