2005 FOR PROFIT CORPORATION

SIGNATURE:

## FILED ANJUAL REPORT Jul 07, 2005 08:00 AM **DOCUMENT # P01000050256 Secretary of State** BILLFISH POOLS, INC. Principal Place of Business Mailing Address 2236 BUENA VISTA BLVD 2236 BUENA VISTA BLVD VERO BEACH, FL 32960-2965 VERO BEACH, FL 32960-2965 %F,-,,,1,.12F& CR2E034 (10/03) 07042005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1106554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISH, WILLIAM E DO NOT WRITE 2236 BUENA VISTA BLVD VERO BCH, FL 32960 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE FISH, WILLIAM E NAME STREET ADDRESS 2236 BUENA VISTA BLVD CITY-ST-ZIP VERO BEACH, FL 329602965 U00000371183 07/07/05-80006-014 150.00 DVS TITLE THORNTON, NAN E NAME STREET ADDRESS 2236 BUENA VISTA BLVD CITY-ST-ZIP VERO BEACH, FL 329602965 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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.