

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90001 004 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000069564</b>			
1. Entity Name <b>DISCOVERY SWIM SCHOOL, INC.</b>			
Principal Place of Business <b>11500 WILES RD. CORAL SPRINGS, FL 33076</b>		Mailing Address <b>PO BOX 8333 CORAL SPRINGS, FL 33075</b>	
2. Principal Place of Business <b>3440 Pinewalk Dr. N.</b>		3. Mailing Address <b>3440 Pinewalk Dr. N.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>513</b>	
City & State <b>Margate, FL 33063</b>		City & State <b>Margate, Florida</b>	
Zip <b>33063</b>	Country <b>USA</b>	Zip <b>33063</b>	Country <b>USA</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARTINEZ, JULIO 2771 RIVERSIDE DR. # A-102 CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 		DATE <b>5/25/04</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OD MARTINEZ, JULIO 2771 RIVERSIDE DR A-102 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OD Martinez, Julio 3440 Pinewalk Dr. N. #513 Margate, FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
SIGNATURE: 		Date <b>5/25/04</b> Daytime Phone #	