2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P01000073136 04-25-2007 90197 014 ***150.00 TROPICAL POOLS & SPAS OF THE SUNCOAST, INC. Mailing Address Principal Place of Business 3230 S. TAMIAMI TRAIL 630 EMERALD HARBOUR DR SARASOTA, FL 34239 LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3655 Cortez Rd West Suite, Apt. #, etc. Suite, Apt, #, etc. 04182007 Chg-P CR2E034 (12/06) Suite 4. FEI Number Applied For City & State City & State Bradenton 65-1122832 Not Applicable Country Ziο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Monatee 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRK, ROBERT A JR Street Address (P.O. Box Number is Not Acceptable) 630 EMERALD HARBOR DR. LONGBOAT KEY, FL 34228 Zip Code FL 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. Spri 20, 2007 (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Defete Change ☐ Addition TITLE TITLE KIRK, ROBERT A JR NAME NAME 3655 Cortoz Rd word STREET ADDRESS STREET ADDRESS 3230 S TAMIAMI TRAIL Bradenton, FL 34210 CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-7IP STD ☐ Delete ☐ Addition KIRK, JAYNE A NAME NAME: 3655 Cortez Rd West STREET ADDRESS STREET ADDRESS 3230 S TAMIAMI TRAIL CITY_ST_7IP CITY-ST-ZIP SARASOTA, FL 34239 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITL F NAME NAME STREET ADORESS STREET ADDRESS City-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

Spril 20, 2007

FILED