2007 FOR PROFIT CORPORATION ... ANNUAL REPORT

DOCUMENT # P01000094438

1. Entity Name

ADVANCED POOL DESIGN, INC.



FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1122 OLD DIXIE HWY

1122 OLD DIXIE HWY

B5

VERO BEACH, FL 32960

VERO BEACH, FL 32960



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3747416

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFF, GORDON R JR 5020 26TH ST. VERO BEACH, FL 32966

DO NOT WRITE IN THIS SPACE

					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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	ORS			·	
TITLE	PSD					
NAME	WOLFF, GORDON R JR					
STREET ADDRESS	2470 COMPASS PT DR					
CITY-ST-ZIP	VERO BEACH, FL 32966					Haaaaaaaaa
TITLE	VTD					U00000672350
NAME OTREET ARRESTOR	WOLFF, JAMES R					03/28/07-80066-001 150.00
STREET ADDRESS CITY-ST-ZIP	5020 26TH STREET VERO BEACH, FL 32966					
	VERO BEACH, FL 32900					
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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 druster 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 expression, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

EAND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

1-12-07

772-794-1983

Daytime Phone #