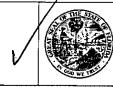
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007853

1. Entity Name

Craig's Pools Inc.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90165 015 ***150.00

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2. Principal Place of Bu	usiness	3. Mailing Address	W-90 200, 200	Maryana and S	*******								
9805 NW 70	th Street	9805 NW 70	th St	root									
Suite, Apt. #, etc.	00100	Suite, Apt. #, etc.		LCCU		DO NOT WRITE IN THIS SPACE							
City & State		City & State		- -	4. /	FEI Number	Applied For						
Tamarac, F	L.	Tamara, FL	ı -			00 000000							
Zip	Country	Zip	Count	rv			Not Applicable						
33321	Broward	33321		vard	5. (5. Certificate of Status Desired See Required Fee Required							
	BOOK AND STREET				7. Na	7. Name and Address of Current Registered Agent							
	enggyagaran sa araban sa araba			Name									
	DO NOT V	/DITE		<u>Starl</u>	<u>a S.</u>	S. Craiq							
	化工作系统 电产业型 6条 成为解析	to Charles of Administration Conference		Street Add	ress (P.O. B	O. Box Number is Not Acceptable) 70th Street							
Springer of the state of the st	IN THIS S	PACE	4-40	3003									
				City		FL	Zip Code						
R The above named o	ntity submits this statement	for the purpose of changing	its registers	Tamar	ac,	ent, or both, in the State of Florida. I am fa	33321						
the obligations of reg	gistered agent.		iis registere	a onice or re	gistered ago	ant, or both, in the State of Florida. I am fa	amiliar with, and accept						
	•												
SIGNATURE													
, Signature, ty	ped or printed name of registered age	nt and title if applicable. (N	NOTE: Registered	Agent signature r	equired when re	instating) DATE							
	May 1 Fee is \$150.00												
Manual Company	ly 1, Fee is \$550,00 led UBR is \$61.25					9. Election Campaign Financing	\$5.00 May Be						
Make Check Pavable	to Florida Department	of State				Trust Fund Contribution.	Added to Fees						
10.	OFFICERS AN		1.0										
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	la S. Craig		NAME										
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12. I hereby certify that i	the information supplied wit	h this filing does not qualify	for the exem	ption stated i	n Section 1	19.07(3)(i), Florida Statutes. I further certi-	fy 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #