2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# P02000009770

Entity Name: POMPANO POOL & SPA SERVICES, INC.

Current Principal Place of Business:

500 NE 1ST ST #03
POMPANO BCH, FL 330606348

New Principal Place of Business:

749 SW DUXBURY AVE.
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

500 NE 1ST ST #03
POMPANO BCH, FL 330606348

New Mailing Address:

749 SW DUXBURY AVE.
PORT ST LUCIE, FL 34983 US

FEI Number: 60-0001486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEVES, EDSON D
500 NE 1ST STREET, #04
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

NEVES, EDSON D
749 SW DUXBURY AVE.
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: EDSON D. NEVES 02/20/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NEVES, EDSON D
Address: 500 NE 1ST ST #04
City-St-Zip: POMPANO BCH, FL 33060

Title: VSD ( ) Delete
Name: PEREIRA, MARIA DA C
Address: 500 NE 1ST ST #04
City-St-Zip: POMPANO BCH, FL 33060

Title: D (X) Delete
Name: FARIA, FABIO REIS
Address: 500 NE 1ST ST #04
City-St-Zip: POMPANO BCH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: NEVES, EDSON D
Address: 749 SW DUXBURY AVE.
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VSD (X) Change ( ) Addition
Name: PEREIRA, MARIA C
Address: 749 SW DUXBURY AVE.
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDSON D. NEVES PTD 02/20/2006
Electronic Signature of Signing Officer or Director Date