2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State

954-742-3759

Daytime Phone #

DOCUMENT # P02000016805 1. Entity Name CRYSTAL LAGOON POOLS & SPAS INC.					02-20-2006 90037 026 ***158.75				
Principal Plac	e of Business	Mailing Address			1				
7862 SW 3LIPSE WAY STUART, FL 34997 7862 SW 3LIPSE WAY STUART, FL 34997 STUART, FL 34997					3 1000110003 10			, 1869 BEIDT BE	1884 is 1881
2 Principal D	None of Divisions								
2. Principal Place of Business 7862 ELLIPSE WAY 7862 ELLIPSE 7862 ELLIPSE				YAW					
Suite, Apt. #, etc. Suite, Apt. #, etc.					01102006	Chg-P	CR2E03	4 (11/05)	
City & State City & State			۱		4. FEI Numbe				plied For
	STUART FL STUART		FL	to	03-042	8197			t Applicable
~~~~~3·4	1997 USA -	34997	Court	"YUSA"	- 5. Certificate	of Status Desired	- <b>3</b> / -3	8.75 Add	itional
	6. Name and Address of Current I		7. Name and	Address of New I	Registered Ag	jent			
MCCOY, JON R 9950 NW 52ND STREET SUNRISE, FL 33351				Name .					
				Street Address (P.O. Box Number is Not Acceptable)					
SUNRISE, FL 33351									
				City			FL	Zip Code	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.							orida. I am fa	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Fit After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	ncing———\$5.	.00-May Be—led to Fees						
10,	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	EICEDS AND E	VIDEOTO D	2181.11
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CITY-ST-ZIP	SUNRISE, FL 33351		CITY	-ST-ZIP					
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NAME	THOMAS, LEWIS C		NAM	="					
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12. I hereby certify that the information supplied with this filling 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.

LEWIS C. THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: