

# 2008 FOR PROFIT CORPORATE ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90009 004 \*\*\*150.00

<b>DOCUMENT # P02000022397</b> 1. Entity Name <b>THE POOL AND SPA AUTHORITY INC.</b>					
Principal Place of Business <b>10443 VIA DEL SOL ORLANDO, FL 32817</b>			Mailing Address <b>10443 VIA DEL SOL ORLANDO, FL 32817</b>		
2. Principal Place of Business - No P.O. Box # <b>1649 Canoe Creek Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1649 Canoe Creek Rd</b> Suite, Apt. #, etc.			
City & State <b>Oviedo Florida</b>		City & State <b>Oviedo Florida</b>		4. FEI Number <b>02-0596531</b>	
Zip <b>32766</b>		Country <b>Seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LARSON, BRIAN 10443 DEL SOL ORLANDO, FL 32817</b>			7. Name and Address of New Registered Agent Name <b>Larson, brian</b> Street Address (P.O. Box Number is Not Acceptable) <b>10443 Del Sol 1649 Canoe Creek Rd</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32766</b>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARSON, BRIAN</b> <b>10443 VIA DEL SOL</b> <b>ORLANDO, FL 32817</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1649 Canoe Creek Rd</b> <b>Oviedo Florida 32766</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:			4/21/08 407-409-4800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		