

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029413

FILED
Apr 13, 2005
Secretary of State

Entity Name: ROBERT LOVINS POOL COMPANY, INC.

Current Principal Place of Business:

3904 LYMESTONE DR
COOPER CITY, FL 33026

New Principal Place of Business:

15307 SW 37 STREET
DAVIE, FL 33331

Current Mailing Address:

3904 LYMESTONE DR
COOPER CITY, FL 33026

New Mailing Address:

15307 SW 37 STREET
DAVIE, FL 33331

FEI Number: 04-3622863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVINS, ROBERT
3904 LYMESTONE DR
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

LOVINS, ROBERT
15307 SW 37 STREET
DAVIE, FL 33331 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: ROBERT LOVINS

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVINS, ROBERT
Address: 3904 LYMESTONE DR
City-St-Zip: COOPER CITY, FL 33026

Title: DV () Delete
Name: LOVINS, ALI
Address: 3904 LYMESTONE DR
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOVINS, ROBERT
Address: 15307 SW 37 STREET
City-St-Zip: DAVIE, FL 33331

Title: DV (X) Change () Addition
Name: LOVINS, ALI
Address: 15307 SW 37 STREET
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT LOVINS

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date