

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90299 013 \*\*\*150.00

<b>DOCUMENT # P02000036444</b> 1. Entity Name <b>ADVENTURE POOLS, INC.</b>																															
Principal Place of Business <b>11801 NW 9TH ST. PLANTATION, FL 33325</b>		Mailing Address <b>11801 NW 9TH ST. PLANTATION, FL 33325</b>																													
2. Principal Place of Business <b>46 Tarpon Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 130</b> Suite, Apt. #, etc.																													
City & State <b>Placida</b>		City & State <b>Placida</b>																													
Zip <b>33946</b>		Zip <b>33946</b>																													
Country <b>USA</b>		Country <b>USA</b>																													
4. FEI Number <b>02-0568092</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>WITTERS, JENNIFER A 11801 NW 9TH ST. PLANTATION, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>Jennifer Witters</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 Tarpon Way</b> <b>PO Box 130</b> City <b>Placida</b> <b>FL</b> Zip <b>33946</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 <b>Jennifer Witters</b> <b>4-1305</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>WITTERS, DAVID J</b>  <b>11801 NW 9TH ST.</b>  <b>PLANTATION, FL 33325</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>V</b>  <b>WITTERS, JENNIFER A</b>  <b>11801 NW 9TH ST.</b>  <b>PLANTATION, FL 33325</b> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WITTERS, DAVID J</b> <b>11801 NW 9TH ST.</b> <b>PLANTATION, FL 33325</b> <input type="checkbox"/> Delete	<b>V</b> <b>WITTERS, JENNIFER A</b> <b>11801 NW 9TH ST.</b> <b>PLANTATION, FL 33325</b> <input type="checkbox"/> Delete												11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																															
<b>SIGNATURE:</b>		<b>4/13/05 941-4004015</b> <small>Date Daytime Phone #</small>																													