

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064412

Entity Name: AQUASTAR POOLS INC.

FILED  
Sep 06, 2006  
Secretary of State

## Current Principal Place of Business:

C/O NEAL D HILLARD  
4257 SW WINSLOW ST.  
PORT ST LUCIE, FL 34953

## Current Mailing Address:

C/O NEAL D HILLARD  
4257 SW WINSLOW ST.  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

C/O NEAL D HILLARD  
3695 EVONVALE GLEN  
CUMMING, GA 30041

## New Mailing Address:

C/O NEAL D HILLARD  
3695 EVONVALE GLEN.  
CUMMING, GA 30041

FEI Number: 02-0610366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILLARD, NEAL D  
4257 SW WINSLOW ST.  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

QUACKENBUSH, JAMES  
3374 POTTS ST..  
PORT ST LUCIE, FL 34953 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: JAMES QUACKENBUSH

09/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HILLARD, NEAL D  
Address: 4257 S W WINSLOW ST.  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HILLARD, NEAL D  
Address: 3695 EVONVALE GLEN  
City-St-Zip: CUMMING, GA 30041

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: NEAL D HILLARD

PRES

09/06/2006

Electronic Signature of Signing Officer or Director

Date