2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000067814

1. Entity Name
BLUEWATER POOLS, INC.

FILED
07 FEB 16 AM 8: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
509 S DIXIE HWY E POMPANO BEACH, FL 33064	960 NW 48 AVENUE COCONUT CREEK, FL 33063

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5700 NW 124th Ave.	
Suite, Apt. #, etc.: Suite # 109	Suite, Apt. #, etc.
City & State: Coral Springs, Fl.	City & State
Zip: 33065 Country: USA	Zip / Country

02142007 Chg-P CR2E034 (12/06)

4. FEI Number: 03-0462450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, RENEE
960 NW 48TH AVE
POMPANO BEACH, FL 33063

7. Name and Address of New Registered Agent

Name: Renee Simpson-Miles
Street Address (P.O. Box Number is Not Acceptable): 960 NW 48th Ave.
City: Coconut Creek FL Zip Code: 33063

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: Renee Simpson-Miles Reneé Simpson-Miles DATE: 2-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

500088897145
02/21/07--01026--007 **61.25

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMPSON-MILES, RENEE 960 NW 48TH AVE POMPANO BEACH, FL 33063	☐ Delete	President Simpson-miles, Renee 960 NW 48th Ave Coconut Creek, Fl. 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP Miles, Brian 960 NW 48th Ave. Coconut Creek, Fl. 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2/16	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Renee Simpson-Miles Reneé Simpson-Miles 2/14/07 954-784-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #