
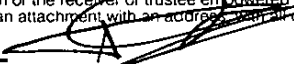


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90236 027 \*\*\*150.00

DOCUMENT # P02000119585				
1. Entity Name FLORIDA HOT TUB COVERS, INC.				
Principal Place of Business 800 W. CYPRESS CREEK ROAD SUITE 470 FORT LAUDERDALE, FL 33309		Mailing Address 800 W. CYPRESS CREEK ROAD SUITE 470 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 831 S.E. 22ND AVE. <small>Suite, Apt. #, etc.</small> #22		3. Mailing Address P.O. BOX 1591 <small>Suite, Apt. #, etc.</small>		
<small>City &amp; State</small> POMPANO BEACH, FL		<small>City &amp; State</small> POMPANO BEACH, FL		
<small>Zip</small> 33062		<small>Zip</small> 33061		
<small>Country</small> USA		<small>Country</small> USA		
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
LEGAL, LARRY 800 W CYPRESS CREEK RD STE 470 FORT LAUDERDALE, FL 33309		<small>Name</small>  <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>City</small> <span style="float:right"><b>FL</b></span> <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
<small>TITLE</small> DPTS <input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small> IBA, FREDERICK A	<small>NAME</small>			<small>NAME</small>
<small>STREET ADDRESS</small> 800 W CYPRESS CREEK RD # 470	<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small> FORT LAUDERDALE, FL 33309	<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>
<small>TITLE</small> <input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>NAME</small>			<small>NAME</small>
<small>STREET ADDRESS</small>	<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>
<small>TITLE</small> <input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>NAME</small>			<small>NAME</small>
<small>STREET ADDRESS</small>	<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>
<small>TITLE</small> <input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>NAME</small>			<small>NAME</small>
<small>STREET ADDRESS</small>	<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>
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, or in other like empowered.				
SIGNATURE: 				5.1.06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>
				<small>Daytime Phone #</small>