

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P02000119585</b> 1. Entity Name <b>FLORIDA HOT TUB COVERS, INC.</b>					
Principal Place of Business <b>800 W. CYPRESS CREEK ROAD SUITE 470 FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>800 W. CYPRESS CREEK ROAD SUITE 470 FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>831 S.E. 22ND AVE.</b> Suite, Apt. #, etc. <b>#22</b>		3. Mailing Address <b>P.O. BOX 1591</b> Suite, Apt. #, etc.			
City & State <b>POMPAÑO BEACH, FL</b>		City & State <b>POMPAÑO BEACH, FL</b>		4. FEI Number <b>22-3886755</b>	
Zip <b>33062</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY 800 W CYPRESS CREEK RD STE 470 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____ (NOTE: Registered Agent signature required when reinstating) 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS IBA, FREDERICK A 800 W CYPRESS CREEK RD # 470 FORT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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, name, or other like empowered.					
<b>SIGNATURE:</b> _____			Date <span style="float: right;"><b>5.1.06</b></span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		