

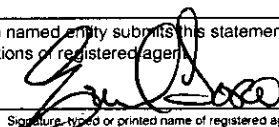
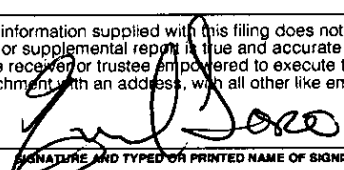


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90120 004 \*\*\*150.00

<b>DOCUMENT # P02000119791</b> 1. Entity Name <b>POSEIDON POOLS, INC.</b>					
Principal Place of Business <b>1070 PALM COAST PKWY #6 PALM COAST, FL 32137</b>				Mailing Address <b>1070 PALM COAST PKWY #6 PALM COAST, FL 32137</b>	
2. Principal Place of Business <b>1 Corporate DR</b> Suite, Apt. #, etc. <b>Suite 2C</b> City & State <b>Palm Coast FL</b> Zip <b>32137</b>		3. Mailing Address <b>1 Corporate DR</b> Suite, Apt. #, etc. <b>Suite 2C</b> City & State <b>Palm Coast</b> Zip <b>32137</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>42-1563705</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>TORO, EMMANUEL 56 BALTIMORE LN PALM COAST, FL 32137</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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:  DATE: <b>4-29-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TORO, EMMANUEL</b> <b>56 BALTIMORE LN</b> <b>PALM COAST, FL 32137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TORO, KATHY</b> <b>56 BALTIMORE LN</b> <b>PALM COAST, FL 32137</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: 			Date: <b>4-29-04</b> (586) 986-3400		