2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 13, 2005
Secretary of State

DOCUMENT# P02586

Entity Name: POOL WATER PRODUCTS \INC.\

Current Principal Place of Business:

17872 MITCHELL AVE.
P.O. BOX 17359
IRVINE, CA 92623

New Principal Place of Business:

Current Mailing Address:

17872 MITCHELL AVE.
P.O. BOX 17359
IRVINE, CA 92713

New Mailing Address:

FEI Number: 95-2554413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: SCOT FERRARO

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: ALLRED, MARVIN H.,
Address: 17872 MITCHELL AVE
City-St-Zip: IRVINE, CA

Title: CSD ( ) Delete
Name: ALLRED, ZELMA M.,
Address: 17872 MITCHELL AVE
City-St-Zip: IRVINE, CA

Title: PD ( ) Delete
Name: ALLRED, DEAN C.,
Address: 17872 MITCHELL AVE
City-St-Zip: IRVINE, CA

Title: D ( ) Delete
Name: STARR, CAROL A.,
Address: 17872 MITCHELL AVE
City-St-Zip: IRVINE, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PDT (X) Change ( ) Addition
Name: ALLRED, DEAN C.,
Address: 17872 MITCHELL AVE
City-St-Zip: IRVINE, CA

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEAN C ALLRED PDT 09/13/2005

Electronic Signature of Signing Officer or Director — Date