2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90268 029 ***150.00

| 1. Entity Name | MENT # P03000008 POOLS, INC. | 3280 | | | 04-22-2005 90268 029 ***150.00 | | | |
|---|--|--|--|--------------------------------|--------------------------------|----------------------------------|--|--|
| Principal Place | a of Rucinoce | Mailing Address | | | 2004. | 1163 | | |
| 26266 BARC | | - | | | 2002 | | | |
| PUNTA GORD | | PUNTA GORDA, FL 339 | BARCELOS COURT | | | | | |
| TOWN GOND | 7,12 00000 | r dirin ddilbii, re ddi | 700 | | | | | |
| | | | | | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | 11.1.11. | | | | | |
| | | 16528 17. Vale 19120ry HW | | <u>/</u> | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03242005 | Chg-P | CR2E034 (10/03) | | |
| City & State | | City.& State | | 4. FEI Numbe | _ | 1 10 | antiad Car | |
| City & State | ± | Timea | F | 30-0145 | | | oplied For ot Applicable | |
| Zip | Country | Zio 2 | Country // | 30-0140 | 5540 | □ \$8.75 Add | | |
| - ib |) Systemy | 33618 | 13 | 5. Certificate | of Status Desired | Fee Require | | |
| | 6. Name and Address of Current | t Registered Agent | | 7. Name and | Address of New I | Registered Agent | | |
| | •. | | Name C | | 111.1400 | | | |
| SANDERS | , WALTER | | | andecs, b | varivi | | | |
| 3355 BEAF | · — | | Street Addre | ss (P.O. Box Numbe | r is Not Acceptabl | le) | | |
| TAMPA, F | | | 11000 | 1/1/2 | Mahau | 1/11/1 | | |
| | · £ | | 16528 | 17. Vale | Mapry | EWY | | |
| | ÷. | | City — | im son - | | FL Zip Sy | 214 | |
| 8. The above | named entity submits this systement f | or the purpose of changing its | registered office or regi | istered agent, or both | h, in the State of F | lorida. Lam familiar with. | and accept | |
| the obligati | ions of registered agent. | | | | in, artino ordino or i | | and docops | |
| | Matter Sanders | - 11/a/5 | ton Sande | 171 | | 7/24/05 | | |
| SIGNATURE | Signature, typed or printed name of registered agen | it and title if applicable (NOTE | E: Registered Agent signature rec | pured when reinstating) | | DATE | | |
| | | | | | | | | |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. | 9. Election Campai Trust Fund Cont | · · · · | \$5.00 May Be Added to Fees | | | | |
| FIL After Ma | ay 1, 2005 Fee will be \$550. OFFICERS AND | .00 Trust Fund Cont | · · · · | Added to Fees | CHANGES TO OF | FICERS AND DIRECTOR | IS IN 11 | |
| After Ma | ay 1, 2005 Fee will be \$550. OFFICERS AND | .00 Trust Fund Cont | ribution. | Added to Fees | CHANGES TO OF | FICERS AND DIRECTOR | IS IN 11 | |
| After Ma | officers and D JEMISON, MICHAEL | .00 Trust Fund Control DIRECTORS | Tibution. 11. IITLE NAME | Added to Fees | CHANGES TO OF | | | |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND D JEMISON, MICHAEL 26266 BARCELOS COURT | .00 Trust Fund Control DIRECTORS | Tibution. 11. IITLE NAME STREET ADDRESS | Added to Fees | CHANGES TO OF | | | |
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indicated on this report or supplier with this filling does not qualify for the exemption stated in Section (19.07(3)()), Florida Statutes. Therefore certify that the information indicated on this report or supplierential 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 an other like empowered.

| SIGNATURE: | Michael | Jemison | Michael Jemisun | 3/24/06 | |
|------------|--|---------|-----------------|---------|-----------------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | Daytime Phone # |