2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P03000018186 1. Entity Name 03-01-2006 90018 009 ***150.00 BAHAMA POOLS OF BREVARD, INC. Principal Place of Business Mailing Address 820 LINCOLN AVE MELBOURNE FL 32901 820 LINCOLN AVE MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 11-3677713 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Chancy Fred Street Address (P.O. Box Number is Not Acceptable) CHANEY, FRED S 4585 LAKE WATERFORD WAY #5 SE 387 Tribent Aue MELBOURNE FL 32901 City Palm Zip Code 3 CAO q 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 egistered agent Feb. 15, 2006 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change Change ☐ Addition Chancy, Fred S. 387 Tribent Ave NAME NAME CHANEY, FRED S STREET ADDRESS STREET ADDRESS 4585 LAKE WATERFORD WAY, #5 32909 CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME CHANEY, FRED S STREET ADDRESS 4585 LAKE WATERFORD WAY, #5 STREET ADDRESS CITY-ST-7IP **3**८१०१ CITY-ST-7IP MELBOURNE FL 32901 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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

egt with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED

if changed, or

SIGNATURE

FILED