

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035626

FILED
Apr 30, 2005
Secretary of State

Entity Name: AMERICAN BLUE POOL & SPA, INC.

Current Principal Place of Business:

1140 N.W. 79TH TERR.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

18602 91ST PLACE NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

1140 N.W. 79TH TERR.
PEMBROKE PINES, FL 33024

New Mailing Address:

18602 91ST PLACE NORTH
LOXAHATCHEE, FL 33470

FEI Number: 65-1182426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURHAM, SYNNOTT B
1267 SW 116TH AVENUE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

DURHAM, SYNNOTT B
7730 ATLANTA ST
HOLLYWOOD, FL 33325 US

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: SYNNOTT B. DURHAM

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASSIMO, NICK P
Address: 1140 N.W. 79TH TERR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: MASSIMO, NOREEN P
Address: 1140 N.W. 79TH TERR.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASSIMO, NICK P
Address: 18602 91ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD (X) Change () Addition
Name: MASSIMO, NOREEN P
Address: 18602 91ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: NOREEN P MASSIMO

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date