## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 08, 2006 8:00 am Secretary of State

05-08-2006 90268 009 \*\*\*150.00

Plincipal Proce of Business	DOCUMENT # P03000037  1. Enlity Name EVERBLUE POOLS, INC.		05-08-2006 90268 009 ***150.00					
### HOLLYWOOD, FL 33021  2. Principal Pacco of Business  Suite, Apt. 4, MG  Suite, Apt. 4, MG  City & State  City	Principal Place of Business Mailing Address			1	10000			
Application   Country	1							
Suries_APL** etc.    Suries_APL** etc.   Surie				 	AGISA IIIN ARKI AXIII EI	IIIA <b>Batoa</b> IIIIA 1 <b>880</b> Kala 1180 F	III SENI II IENI	
City & State  Ci			8 st					
The Application	Suite, Apt. #, etc.	Suite, Apt. #, etc. 306		04262006	Chg-P	CR2E034 (11/05)		
SA J. Marie and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name    Name						<u> </u>	-	
Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submits this streement 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:  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  This  LOP  LOPEZ-VILLARRAGA, VICTOR  STREET ADDRESS		33144	Country	Fee Required				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  6. The above named existy submits this streament 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.  SNORATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  NAME  OP  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  OP  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  OFFICER AND STREET ADDRESS  CITY ST 2P  OTHER  ORAC  STREET ADDRESS  CITY ST 2P  OTHER  OTHER  ORAC  STREET ADDRESS  CITY ST 2P  OTHER  OTHE	6. Name and Address of Current	Name						
## City   FL   Zip Code    8. The above named onlity submits this streament for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   Signature isseed or partial name of registered agent								
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    Signature isceed or protect name of replaced agent agent and title ill appokable   (NOTE Registered Agent sontware required area inerstance)   DATE								
SHONATURE    Signature incident contest name of registered agent and identification of the probable in the pro	HOLETWOOD, TE 33021	City	FL Zip Code					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE OP		r the purpose of changing its re	gistered office or registr	ered agent, or bot	h, in the State of F	lorida. I am familiar with.	and accept	
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE							
TITLE	FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	1					-	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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: VCTOY LOPCZ - VILLOTTOGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06

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