FROM :PENGUIN ACCOUNTING FAX NO. :561 966 8563

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91213 026 ***150.00

DOCUMENT # P03000039677

1. Entity Name
THINK BLUE POOLS INC.

24066375

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2. Principal Place of Business	3. Mailing Address
1120 Homewood BLVD	1120 Homewood Blvd
Suite, Apt. #, etc. G202	Suite, Apt. #, etc. G202
City & State DELRAY BEACH, FL	City & State Delray Beach, FL
Zip 33445 Country Palm Beach	Zip 33445 Country Palm Beach

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4. FEI Number 90-0076974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JAMIE RALPH

Street Address (P.O. Box Number is Not Acceptable) 1120 Homewood Blvd # G202

City Delray Beach FL Zip Code 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JAMIE RALPH
STREET ADDRESS	1120 Homewood Blvd #G202
CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE RALPH Jamie Ralph 04/29/04 (561) 706-7139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #