2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2005 8:00 am **Secretary of State DOCUMENT # P03000043444** 02-10-2005 90038 005 ***150.00 RICK'S PRISTINE POOL SERVICE, INC. Principal Place of Business Mailing Address 12 DOGWOOD CIRCLE 12 DOGWOOD CIRCLE **AUVIJIUP** BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01132005 Chg-P City & State Applied For City & State 4. FEI Number 01-0778113 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEUTER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 12 DOGWOOD CIRCLE BOYNTON BEACH, FL 33436 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be... 9. Election Campaign Financing FILE NOWIII-FEE IS \$150.00~ Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P. D TITLE ☐ Delete TITLE Change · (Addition BEUTER, RICHARD NAME NAME STREET ADDRESS 12 DOGWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP ☐ Change TITLE ☐ Delete THILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE · Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

2-6-05 Date

Daytime Phone #

FILED