

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056740

Entity Name: KL POOL PREPPING, INC.

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 25412
SARASOTA, FL 342772412

New Principal Place of Business:

12474 RIVER RD
MYAKKA CITY, FL 34251

Current Mailing Address:

P.O. BOX 25412
SARASOTA, FL 342772412

New Mailing Address:

12474 RIVER RD
MYAKKA CITY, FL 34251

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKE, KURT
12474 RIVER RD.
MYAKKA CITY, FL US

Name and Address of New Registered Agent:

LOCKE, KURT
12474 RIVER RD.
MYAKKA CITY, FL 34251 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: KURT LOCKE

01/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOCKE, KURT
Address: 12474 RIVER RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: T () Delete
Name: LOCKE, JUSTIN
Address: 12474 RIVER RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: S () Delete
Name: LOCKE, BRENDA
Address: 12474 RIVER RD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KURT LOCKE

PD

01/08/2006

Electronic Signature of Signing Officer or Director

Date