2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM DOCUMENT # P03000061068 **Secretary of State** DINDIA POOLS, INC. Principal Place of Business Mailing Address 8275 S. FEDERAL HWY. 8275 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0088323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent DINDIA, BARBARA DO NOT WRITE 8275 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952 IN THIS SPACE 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 partie of registered score and title if applicable (NOTE: Remistered Acent almost the remitted when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing H00000388121 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 01/19/06-80059-025 150.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME DINDIA, BARBARA STREET ADDRESS 8275 S. FEDERAL HWY. CITY-ST-ZIP PORT ST. LUCIE, FL 34952 $\pi\pi s$ HAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

772-878-4742

FILED

Daytime Phone #