2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061176

Entity Name: POOL AND SPA DESIGNS, INC.

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6810 LYONS TECHNOLOGY CIRCLE 6810 LYONS TECHNOLOGY CIRCLE

SUITE 155 #155

COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

6810 LYONS TECHNOLOGY CIRCLE 6574 SR 7 #199

COCONUT CREEK, FL 33073 SUITE 155

COCONUT CREEK, FL 33073

FEI Number: 05-0571558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KISSANE, SHANNON 6574 SR 7 #199 KISSANE, SHANNON

6810 LYONS TECHNOLOGY CIRCLE

COCONUT CREEK, FL, FL 33073 US SUITE 155 COCONUT CREEK, FL, FL 33073 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: 03/13/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KISSANE, SHANNON L KISSANE, SHANNON L Name: Name:

6574 SR 7 #199 6810 LYONS TECHNOLOGY CIR, SUITE 155 Address: Address:

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

() Delete Title: DIR Title: (X) Change () Addition

Name: WEBER, MARK E DIR Name: WEBER, MARK E P.E. 175 SW 32 TERR Address: 175 SW 32 TERR Address:

DEERFIELD BCH, FL 33442 DEERFIELD BCH, FL 33442 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHANNON KISSANE **PRES** 03/13/2008