2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000061420

1. Entity Name

OCEAN BLUE POOL SERVICES OF SOUTHWEST FLORIDA, INC.

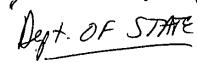


Principal Place of Business

1214 SW 36TH ST CAPE CORAL, FL 33914 Mailing Address

1214 SW 36TH ST CAPE CORAL, FL 33914

FILED Mar 21, 2007 08:00 AM Secretary of State





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No Chg-P CR2E034 (11/05) Applied For 4. FÉI Number 20-0031295 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, GINA M 1214 SW 36TH STREET CAPE CORAL, FL 33914

DO NOT WRITE 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 name of registered agent and title if applicable (NOTE. Registered Agent alignature required when reinstating) DATE					
FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will-be \$550.00				\$5.00 May Be Added to Fees	U00000673761 03/29/07-80043-002 150.00
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T HENRY, GINA M 1214 SW 36TH STREET CAPE CORAL, FL 33914				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S SEDA, FRANK JR. 1214 SW 36TH STREET CAPE CORAL, FL 33914				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE				INI '	TUIC CDACE

IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR