


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90015 042 \*\*\*150.00

<b>DOCUMENT # P03000064260</b>		
1. Entity Name <b>BOB'S POOL STORE, INC.</b>		

Principal Place of Business <b>9900 NW 10TH STREET PEMBROKE PINES FL 33024</b>	Mailing Address <b>9900 NW 10TH STREET PEMBROKE PINES FL 33024</b>
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2. Principal Place of Business <b>8628 GRIFFIN RD</b>	3. Mailing Address <b>8628 GRIFFIN RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cooper City</b>	City & State <b>COOPER CITY</b>
Zip <b>33328</b>	Country <b>USA</b>

4. FEI Number <b>20-0042264</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIAZ, ROBERT 8628 GRIFFIN RD COOPER CITY FL 33328</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 reconstituting)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DIAZ, ROBERT F</b>		NAME <b>BARBARA LAUER</b>	
STREET ADDRESS <b>9900 NW 10TH STREET</b>		STREET ADDRESS <b>8628 GRIFFIN RD</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33024</b>		CITY-ST-ZIP <b>COOPER CITY, FL 33328</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>ROBERT DIAZ</b>	
STREET ADDRESS		STREET ADDRESS <b>8628 GRIFFIN RD</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>COOPER CITY, FL 33328</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>BARBARA LAUER</b>	
STREET ADDRESS		STREET ADDRESS <b>8628 GRIFFIN RD</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>COOPER CITY, FL 33328</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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:		5/26/06 954-252-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #