2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065281

Entity Name: SWIM SOLUTIONS, INC

City-St-Zip:

COCONUT CREEK, FL 33073

FILED Apr 23, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
7600 LYOI COCONU	NS RD T CREEK, FL	33073			
Current Mailing Address:			New Mailing Address:		
7600 LYOI COCONU	NS RD T CREEK, FL	33073			
FEI Number	: 86-1068215	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
AMANN, L 13126 VIA DELRAY E		3484 US			
	named entity e of Florida.	submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FRECHETTE, 7600 LYONS		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SFERES, TRA 7600 LYONS		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	D (MICIANO, MAI 7600 LYONS		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: GAYLE FRECHETTE PSD 04/23/2009