

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000065281

Entity Name: SWIM SOLUTIONS, INC.

FILED
Aug 04, 2009
Secretary of State**Current Principal Place of Business:**7600 LYONS RD
COCONUT CREEK, FL 33073**New Principal Place of Business:**1570 SAGEMONT WAY
WESTON, FL 33326**Current Mailing Address:**7600 LYONS RD
COCONUT CREEK, FL 33073**New Mailing Address:**1570 SAGEMONT WAY
WESTON, FL 33326

FEI Number: 86-1068215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:AMANN, LOUISE M
13126 VIA VESTA
DELRAY BEACH, FL 33484 US**Name and Address of New Registered Agent:**FRECHETTE, GAYLE R
4042 BLUE SAGE PATH
BOYNTON BEACH, FL 33436 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: GAYLE FRECHETTE

08/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PSD () Delete
Name: FRECHETTE, GAYLE
Address: 7600 LYONS RD
City-St-Zip: COCONUT CREEK, FL 33073Title: VTD () Delete
Name: SFERES, TRACY
Address: 7600 LYONS RD
City-St-Zip: COCONUT CREEK, FL 33073Title: D () Delete
Name: MICIANO, MARCELLA
Address: 7600 LYONS RD. N.
City-St-Zip: COCONUT CREEK, FL 33073**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PVSD (X) Change () Addition
Name: FRECHETTE, GAYLE
Address: 4042 BLUE SAGE PATH
City-St-Zip: BOYNTON BEACH, FL 33436Title: D (X) Change () Addition
Name: SFERES, TRACY
Address: 7600 LYONS RD
City-St-Zip: COCONUT CREEK, FL 33073Title: () Change () Addition
Name:
Address:
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: GAYLE FRECHETTE

PVSD

08/04/2009

Electronic Signature of Signing Officer or Director

Date