

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 04, 2009  
Secretary of State**

DOCUMENT# P03000065281

Entity Name: SWIM SOLUTIONS, INC.

**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 33073

Title: VTD ( ) Delete  
Name: SFERES, TRACY  
Address: 7600 LYONS RD  
City-St-Zip: COCONUT CREEK, FL 33073

Title: 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 33436

Title: D (X) Change ( ) Addition  
Name: SFERES, TRACY  
Address: 7600 LYONS RD  
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) 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