2007 FOR PROFIT CORPORATION

ANNUAL REPORT

Jul 27, 2007 8:00 am Secretary of State 07-27-2007 90006 012 ***150 00 DOCUMENT # P03000069602 POOL TECH CORPORATION 40127339 Mailing Address Principal Place of Business 201 QUAIL FOREST BLVD #108 201 QUAIL FOREST BLVD #108 NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07142007 Chg-P Applied For City & State City & State 4. FEI Number 20-0056553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELIJAH, RICHARD Street Address (P.O. Box Number is Not Acceptable) 201 QUAIL FOREST BLVD #108 NÁPLES, FL 34105 Zip Code City 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 reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change Addition TILLE ELIJAH, RICHARD NAME NAME STREET ADDRESS 201 QUAIL FOREST BLVD #108 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE Change ☐ Addition TITLE X X Delete CALDWELL, CURTIS NAME NAME STREET ADDRESS 201 QUAIL FOREST BLVD #108 STREET ADDRESS CITY ST ZIP NAPLES, FL 34105 CHY ST ZIE Change HILE Delete THLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CHY ST-ZIP ☐ Change TIME ☐ Addition Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIFLE ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RICHARD FLIJAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-462-2189

FILED