

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090355

Entity Name: HOT POOLS INC.

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

2437 SUGARLOAF LANE
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120488
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 72-1570134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, MYRON R
2437 SUGARLOAF LANE
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CRAWFORD, MARCI
Address: 2437 SUGARLOAF LANE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: P () Delete
Name: CRAWFORD, MYRON R
Address: 2437 SUGARLOAF LANE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: CRAWFORD, BASIL E
Address: 16603 OLD CABIN PLACE
City-St-Zip: ACCOKEEK, MD 20607

Title: D () Delete
Name: ELGIN, CHARLES B JR
Address: 6613 NORTHGATE PARKWAY
City-St-Zip: CLINTON, MD 20735

Title: T () Delete
Name: LABOMBARDA, FRANK
Address: 9306 NW 66 COURT
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: LANOUILLE, SCOTT M
Address: 6035 STRAWBERRY LAKE CIRCLE
City-St-Zip: LAKEWORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELGIN, JOAN W
Address: 6613 NORTHGATE PARKWAY
City-St-Zip: CLINTON, MD 20735

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MYRON R. CRAWFORD

P

01/25/2007

Electronic Signature of Signing Officer or Director

Date