

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098278

Entity Name: MAGIC POOL DEVELOPERS,INC.

FILED
May 17, 2005
Secretary of State

Current Principal Place of Business:

3203 PLANTATION LAKES CIR.
SANFORD, FL 32771

New Principal Place of Business:

590 RINEHART RD.
LAKE MARY, FL 32746

Current Mailing Address:

3203 PLANTATION LAKES CIR.
SANFORD, FL 32771

New Mailing Address:

590 RINEHARDT RD.
LAKE MARY, FL 32746

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGIC POOL & SPAS
3203 PLANTATION LAKES CIR.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MAGIC POOL & SPAS
590 RINEHART RD
LAKE MARY, FL 32746 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: THOMAS M. MULLEN

05/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULLEN, THOMAS M
Address: 3203 PLANTATION LAKES CIR.
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Delete
Name: HICKEY, ROBERT J
Address: 3203 PLANTATION LAKE CIR.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: THOMAS M. MULLEN

PRES

05/17/2005

Electronic Signature of Signing Officer or Director

Date