## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 06, 2006 08:00 AM DOCUMENT # P03000116030 Secretary of State POOL CLUB USA, INC. Principal Place of Business Malling Address 6878 BRIARLAKE CIR. 6878 BRIARI AKE CIR. PALM BCH GARDENS, FL 33418 PALM BCH GARDENS, FL 33418 CR2E034 (11/05) 01192006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 35-2217228 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 8. Name and Address of Current Registered Agent BADE, MARCY DO NOT WRITE 6878 BRIARLAKE CIR. PALM BCH GARDENS, FL 33418 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTSD RRE NAME BADE, MARCY STREET ADDRESS 6878 BRIARLAKE CIR. PALM BCH GARDENS, FL 33418 CITY-ST-ZIP 800000457790 03/17/06-80018-017 150.00 MLE NAME STREET ADDRESS GTTY-ST-20P TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P 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 digector 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 given like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**