2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000122523

Entity Name: BLUE DIAMOND POOL DESIGNS, INC.

FILED Oct 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4975 E. IRLO BRONSON MEM HWY 5275 JONES ROAD SAINT CLOUD, FL 34771 SAINT CLOUD, FL 34771

Current Mailing Address: New Mailing Address:

4975 E. IRLO BRONSON MEM HWY UNIT 3 SAINT CLOUD, FL 34771

FEI Number: 27-0071681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOTT, CHRISTOPHER

4975 E. IRLO BRONSON MEM HWY
SAINT CLOUD, FL 34771 US

GIFFORD, SHELLY W MS.
4975 E. IRLO BRONSON MEM HWY
SAINT CLOUD, FL 34771 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: SHELLY WITT GIFFORD 10/31/2007

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/D () Delete
Name: SCOTT, CHRISTOPHER

Address: 4975 E IRLO BRONSON MEM HWY

City-St-Zip: SAINT CLOUD, FL 34771

Title: VTD () Delete Name: GIFFORD, SHELLY

Address: 4975 E. IRLO BRONSON MEM HWY

City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition Name: GIFFORD, SHELLY W MS.

Address: 4975 E IRLO BRONSON MEM HWY

City-St-Zip: SAINT CLOUD, FL 34771

Title: VTD (X) Change () Addition

Name: PONZINI, ALBERT M MR. Address: 5273 JONES ROAD City-St-Zip: SAINT CLOUD, FL 34771

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: SHELLY WITT GIFFORD P/D 10/31/2007