


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90014 012 ***158.75

DOCUMENT # P03000124334 1. Entity Name HYDRO PUR POOL SERVICES, INC.																																			
Principal Place of Business 871 NE 35TH STREET FORT LAUDERDALE, FL 33334			Mailing Address 871 NE 35TH STREET FORT LAUDERDALE, FL 33334																																
2. Principal Place of Business		3. Mailing Address																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip		Country		Zip																															
Country		Country		03162004 Chg-P CR2E034 (10/03)																															
4. FEI Number 52-2415157				Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent RIVERA, WILLY A 871 NE 35TH STREET FORT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																
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: <u><i>Willy A. Rivera</i></u> Willy A. Rivera President 3/18/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="height: 40px; vertical-align: top;"> V/S Cindy Rivera 871 NE 35 St. Fort Lauderdale, FL 33334 </td> <td></td> </tr> <tr> <td style="height: 40px; vertical-align: top;"> P Willy A. Rivera 871 NE 35 St. Fort Lauderdale, FL 33334 </td> <td></td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/S Cindy Rivera 871 NE 35 St. Fort Lauderdale, FL 33334		P Willy A. Rivera 871 NE 35 St. Fort Lauderdale, FL 33334									
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12. I hereby certify that the information supplied with this filing does not qualify 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 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. SIGNATURE: <u><i>Willy A. Rivera</i></u> Willy A. Rivera 3/18/04 (954) 295-8510 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			