## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 08:00 Al Secretary of State

			<del></del>	100,100,000	
DOCUMENT # P03000124520  1. Entity Name G AND J POOL REMODELING, INC.				Secretary of St	
Principal Plac 1436 ARNOL MELBOURNE	LD DRIVE	Mailing Address 1436 ARNOLD DRIVE MELBOURNE, FL 32935	-		
D	OO NOT WRITE		CE	02122007 No Chg-P CR2E034 (11/05)  4. FEI Number	
5. Name and Address of Current Registered Agent  LAWRENCE, JACK 1436 ARNOLD DRIVE MELBOURNE, FL 32935			, .	DO NOT WRITE 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.  ONOTE, Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  DATE  1000000551132					
				<u>03/08/07-80043-021_150.00</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LAWRENCE, JACK 1436 ARNOLD DRIVE MELBOURNE, FL 32935	RECTORS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	<u> </u>	·	y, a spein		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE					
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with it	his filling does not qualify for the expense and accurate and that my stone	emptions contained	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under gath; that I am an officer or director.	
12. I hereby certify that the information supplied with this filling does not quality 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 occurate and that my signature shall have the same legal effect as if made under eath; 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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE