


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90002 017 \*\*\*150.00

<b>DOCUMENT # P03000125411</b>	
1. Entity Name <b>BRIGHTON POOLS, INC.</b>	

Principal Place of Business <b>123 CIRCLE HILL RD SANFORS, FL 32773</b>	Mailing Address <b>123 CIRCLE HILL RD SANFORS, FL 32773</b>
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**54064534**



2. Principal Place of Business <b>653 SHORT OAR CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>653 SHORT OAR CT</b> Suite, Apt. #, etc.
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07072004 Chg-P CR2E034 (10/03)

City & State <b>SANFORD, FL</b>	City & State <b>SANFORD, FL</b>
Zip <b>32771</b>	Zip <b>32771</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-0361659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KATZ, LAWRENCE H 341 N MAITLAND AVE STE 120 MAITLAND, FL 32751</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <i>Michael W. Helms</i>	DATE <b>7-18-04</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>HELMS, MICHAEL W</b>
STREET ADDRESS		STREET ADDRESS	<b>653 SHORT OAR CT</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>SANFORD, FL 32771</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Michael W. Helms</i>	DATE: <b>7-18-04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	