2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130445

City-St-Zip:

WINTER PARK, FL 32792

FILED Aug 24, 2008 Secretary of State

Entity Na	me: SMITHBUILT F	POOLS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2121 LIND WINTER F	EN ROAD PARK, FL 32792		2125 LINDEN ROAD WINTER PARK, FL 3	32792	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2121 LIND WINTER F	EN ROAD PARK, FL 32792		2125 LINDEN ROAD WINTER PARK, FL 3	32792	
FEI Number	: 35-2218932 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SMITH, WALTER B 2121 LINDEN ROAD WINTER PARK, FL 32792 US			SMITH, WALTER B 2125 LINDEN ROAD WINTER PARK, FL 3		
	named entity subm e of Florida.	its this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				08/24/2008	
	Electronic Sig	nature of Registered Age	ent	Date	
), F.S., the corporation did no t Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () Delete SMITH, WALTER B 2121 LINDEN ROAD WINTER PARK, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delet CALDWELL, TRACY 2121 LINDEN ROAD WINTER PARK, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete CALDWELL, CHRIST 2121 LINDEN ROAD		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: WALTER B SMITH **DPST** 08/24/2008