


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90173 016 \*\*\*150.00

<b>DOCUMENT # P03000131755</b> 1. Entity Name <b>CLEAR BLUE POOL &amp; SPAS, INC.</b>					
Principal Place of Business <b>DBA BULLFROG POOLS</b> <b>9904 LITTLE ROAD</b> <b>NEW PORT RICHEY, FL 34654 US</b>			Mailing Address <b>DBA BULLFROG POOLS</b> <b>9904 LITTLE ROAD</b> <b>NEW PORT RICHEY, FL 34654 US</b>		
2. Principal Place of Business <b>9115 Ridge Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>9115 Ridge Road</b> Suite, Apt. #, etc.			
City & State <b>N.P.R. FL</b>		City & State <b>N.P.R. FL</b>		4. FEI Number <b>05-0601772</b>	
Zip <b>34654</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OWNER ACCOUNTING SERVICES INC</b> <b>43350 US HIGHWAY 27</b> <b>SUITE A10</b> <b>DAVENPORT, FL 33837</b>				7. Name and Address of New Registered Agent Name <b>STEVEN BRADSHAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>9115 Ridge Road</b> City <b>N.P.R.</b> <b>FL</b> Zip Code <b>34654</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADSHAW, STEVEN MR</b> <b>4830 FORT PECK ROAD</b> <b>NEW PORT RICHEY, FL 34652</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9115 Ridge Road</b> <b>N.P.R. FL 34654</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>S. Bradshaw</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/8/06</b> <small>Date</small>		