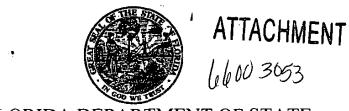
ANNUAL REPORT (AR)

Feb 28, 2006 8:00 am Secretary of State **DOCUMENT # P03000136467** 1. Entity Name 02-09-2006 90045 017 ***150.00 AQUA POOL INNOVATIONS INC. Mailing Address Principal Place of Business P.O. BOX 669 HIGHLAND CITY FL 33846 5515 6TH ST. HIGHLAND CITY FL 33846 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE! Number 20-0408604 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAM-ES- A. R-EADU-READY, JAMES A P.O. BOX 669 Address (P.O. Box Number is Not Acceptable) HIGHLAND CITY FL 33846 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE RÉADY, CHRISTOPHER M NAME NAME 2212 HURST RO.S. STREET ADDRESS 1619 TANGERINE ST. STREET ADDRESS CITY-51-79 AKELAND FL 33803 CITY-ST-ZP TITLE ☐ Delete mle ☐ Change ☐ Addition READY, JAMES A NAME STREET ADDRESS 1905 SYLVESTER CT. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP THE C Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-21P Change ☐ Addition TITLE Delete BTIF 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 exemptions contained in Section 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 recorder 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 attackment with an address, with all other like empowered.

SIGNATURE

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

AQUA POOL INNOVATIONS INC. P.O. BOX 669 HIGHLAND CITY, FL 33846 US

Subject: AQUA POOL INNOVATIONS INC.

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION