## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000143020

Address:

1012 25TH ST

City-St-Zip: ORLANDO, FL 32805

DEALITICAL ODEATIONS DOOL SEDVICE INS

FILED Apr 23, 2005 Secretary of State

Entity Nan	ie: BEAU	HFUL CREATION	NS POOL SERVIC	E, INC.				
Current Principal Place of Business:				New Prir	New Principal Place of Business:			
20 N COLLEGE AVE STE B MAITLAND, FL 32751					7350 RIVERSIDE PLACE ORLANDO, FL 32810			
Current Mailing Address:				New Mai	New Mailing Address:			
20 N COLLEGE AVE STE B MAITLAND, FL 32751					7350 RIVERSIDE PLACE ORLANDO, FL 32810			
FEI Number:	81-0639232	FEI Number A	Applied For ( )	FEI Number Not Ap	plicable (	Certificate of Status	s Desired (X)	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
HENSON, RICHARD 20 N COLLEGE AVE STE B MAITLAND, FL 32751 US				7350 RIV	HENSON, RICHARD 7350 RIVERSIDE PLACE ORLANDO, FL 32810 US			
The above in the State		ty submits this st	atement for the pu	rpose of changing	ı its regist	ered office or registered	agent, or both,	
SIGNATURE: RICHARD HENSON  Electronic Signature of Registered Agent					04/23/2005			
				t	Date			
Election Cam	paign Finand	cing Trust Fund Co	ntribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P HENSON, R 7350 RIVER ORLANDO,	SIDE PL		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V HENSON, Q 600 WIGMA EATONVILL			Title: Name: Address: City-St-Zip:	530WIC	(X) Change ( ) Addition N, QUENTEN BMAN DR POBOX 2284 VILLE, FL 32751		
Title: Name:	ST CHAMPER	() Delete		Title: Name:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD HENSON Ρ 04/23/2005