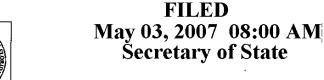
2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P03000146782 O BEEN



1. Entity Namo SNOWBIRD POOL & SPA, INC.								Šecretary of State				
1407 SE 2	ce of Busines 5TH TERRAC RAL FL 3390	E	1407	Mailing Addross 1407 SE 25TH TERRACE CAPE CORAL FL 33904								
2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address					•			
Suite, Apt. #, etc			Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)					
City & State			City & State			4. FEI Num	ber 20-045824	16		Applied For		
Zip Country		Zip	Zip Coul		lry	5. Cortifical	o of Status Desired		8.75 Ac	ditional		
	6. Name	and Address of Curren	t Registere	d Agent	1	A 1	7. Name an	d Address of New I				
WICKLIFF, WILLIAM R 1407 SE 25TH TERRACE CAPE CORAL FL 33904					Name Street Addres	Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Co	de	
tho obliga	tions of regist	or printed name of registered agen				od office or regis d Agent signature requi		oth, in the State of FI	orida. I am fa		- N	
After	May 1, 200	! FEE IS \$150.00 7 Fee Will Be \$550.00 Florida Department o	of State					9. Election Camp Trust Fund Cor	-		.00 May Be led to Fees	
10. OFFICERS AND							ADDITIONS	CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WICKLIFF, WILLIAM R 1407 SE 25TH TERRACE CARE CORAL EL 20001							☐ Change ☐ Addition U00000760315 05/25/07-80007-008 158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DERMOND 2305 HAMI ALVA FL 3	LTON AVE		☐ Deleie		1			-	☐ Change	☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete -		T ADDRESS S1-ZIP			[Change	☐ Addition	
HILL NAME STREET ADDRESS CITY-S1-ZIP				□ Delele		T ADDRESS S1- ZIP				Change	☐ Addilion	
TITLE MAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-71P			[Change	☐ Addition	
TITLE NAMI STHEET ADDRESS				□ Dejele	TITLE NAME STREE	I ADDRESS]	Change	Addition	

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 logal offect as if made under eath; 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 attactument with an address, with all other like empowered.

SIGNATURE	:
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SIGNING OFFICER OR DIRECTOR

239-994-7750