2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147227

Entity Name: CAPRICORN POOLS, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2069 LOVELAND BLVD 6800 GOLF COURSE BLVD PORT CHARLOTTE, FL 33980

P07

PUNTA GORDA, FL 33982

Current Mailing Address: New Mailing Address:

6800 GOLF COURSE BLVD 2069 LOVELAND BLVD PORT CHARLOTTE, FL 33980 P07 PUNTA GORDA, FL 33982

FEI Number: 41-2121319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEIN, ROGER STEIN, ROGER

2069 LOVELAND BLVD 6800 GOLF COURSE BLVD P07

PORT CHARLOTTE, FL 33980 US PUNTA GORDA, FL 33982 US

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.

SIGNATURE: FRANCES STEIN 04/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

STEIN, FRANCES STEIN, FRANCES Name: Name:

2069 LOVELAND BLVD 6800 GOLF COURSE BLVD P07 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PUNTA GORDA, FL 33982

PCT Title: PCT (X) Change () Addition Title: () Delete STEIN, ROGER Name: STEIN. ROGER Name:

2069 LOVELAND BLVD 6800 GOLF COURSE BLVD P07 Address: Address: PORT CHARLOTTE, FL 33980 PUNTA GORDA, FL 33982 City-St-Zip: City-St-Zip:

() Delete Title: Title: VS VS (X) Change () Addition

STEIN, FRANCES STEIN, FRANCES Name: Name: 2069 LOVELAND BLVD 6800 GOLF COURSE BLVD P07 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PUNTA GORDA, FL 33982

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

SIGNATURE: FRANCES STEIN D 04/20/2006