2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149342

FILED Jan 05, 2006 Secretary of State

Entity Name: POOL SHARKS OF THE TREASURE COAST, INC.

rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	952			
Current Mailing Address:		New Mailing Address:		
	952			
90-0124835	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Add			f New Registered Agent:	
HWY 1	952 US			
	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
RE:				
Electror	ic Signature of Registered Age	nt	Date	
npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
BEDERAK, VIT 6708 S US HW	ALI Y 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
KVAPIL, ERIK 6708 S US HW	Y 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
	HWY 1 LUCIE, FL 349 ailing Address HWY1 LUCIE, FL 349 90-0124835 Address of C RIK HWY 1 LUCIE, FL 349 e of Florida. RE: Electron inpaign Financing S AND DIREC D/VP () BEDERAK, VIT. 6708 S US HW PORT ST LUCIE D/P () KVAPIL, ERIK 6708 S US HW	ailing Address: HWY1 LUCIE, FL 34952 90-0124835 FEI Number Applied For () Address of Current Registered Agent: RIK HWY 1 LUCIE, FL 34952 US named entity submits this statement for the period of Florida. RE: Electronic Signature of Registered Agent Ag	Address: New Mailing Address: HWY1 LUCIE, FL 34952 90-0124835 FEI Number Applied For () FEI Number Not Applicable () Address of Current Registered Agent: Name and Address of RIK HWY 1 LUCIE, FL 34952 US named entity submits this statement for the purpose of changing its registered of Florida. RE: Electronic Signature of Registered Agent npaign Financing Trust Fund Contribution (). S AND DIRECTORS: DVP () Delete BEDERAK, VITALI 6708 S US HWY 1 Address: DVP () Delete Title: Name: Address: DVP () Delete Title: Name: Address: DVP () Delete Title: Name: Address: Name: Address: Name: Address:	

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: ERIK KVAPIL PRES 01/05/2006