2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149697

Entity Name: ON CALL POOL REPAIR INC.

FILED May 07, 2008 Secretary of State

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

5781 SW 14 ST 3467 SW 59 AVE

PLANTATION, FL 33317 DAVIE, FL 33314 US LIS

Current Mailing Address: New Mailing Address:

5781 SW 14 ST 3467 SW 59 AVE

DAVIE, FL 33314 PLANTATION, FL 33317 US US

FEI Number: 35-2221229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HOOPER, CHARLES D HOOPER, CHARLES D 3467 SW 59 AVE 5781 SW 14 ST

PLANTATION, FL 33317 DAVIE, FL 33314 US 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: 05/07/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

HOOPER, CHARLES D SR., HOOPER, CHARLES D SR., Name: Name:

5781 SW 14 ST Address: 3467 SW 59 AVE Address: City-St-Zip: PLANTATION, FL 33317 US City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES D. HOOPER SR. Ρ. 05/07/2008