

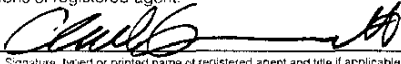
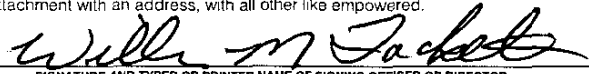


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90173 001 \*\*\*158.75  
03-22-2005 90173 002 \*\*\*150.00

<b>DOCUMENT # P04000006793</b> 1. Entity Name <b>ADVANCE POOL TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>3280 CORD AVE. ST. CLOUD, FL 34772</b>				Mailing Address <b>3280 CORD AVE. ST. CLOUD, FL 34772</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>8815 Conroy Windermere Rd</b> <b>Suite 104</b> City & State <b>Orlando FL</b> Zip <b>32835</b>		 02182005 Chg-P CR2E034 (10/03)	
Country <b>Orange</b>		4. FEI Number <b>200578496</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TACKETT, WILLIAM M 3280 CORD AVE. ST. CLOUD, FL 34772</b>	
7. Name and Address of New Registered Agent Name <b>Charlie Giannetto</b> Street Address (P.O. Box Number is Not Acceptable) <b>8815 Conroy Windermere Rd #104</b> City <b>Orlando</b> FL Zip Code <b>32835</b>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>3/11/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD TACKETT, WILLIAM M 3280 CORD AVE. ST. CLOUD, FL 34772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date <b>3/14/05</b> Daytime Phone #	