
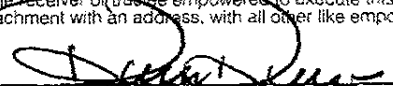


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000026235 1. Entity Name BLUE HAVEN POOLS OF FORT MYERS, INC.																													
Principal Place of Business 1035 COLLIER CENTER WAY SUITE 8 NAPLES FL 34110			Mailing Address 1035 COLLIER CENTER WAY SUITE 8 NAPLES FL 34110																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		2nd MOORE CR2E034 (4/07)																									
City & State		City & State																											
Zip Country		Zip Country																											
4. FEI Number 52-2437069		Applied For Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent REEVES, ROBERT 1035 COLLIER CENTER WAY STE 8 NAPLES FL 34110																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REEVES, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1035 COLLIER CENTER WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34110</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">U00000769538</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>07/19/07-80005-004 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	REEVES, ROBERT		STREET ADDRESS	1035 COLLIER CENTER WAY		CITY-ST-ZIP	NAPLES FL 34110		TITLE	U00000769538	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	07/19/07-80005-004 150.00		STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 7/16/07 <small>Date</small> </div> <div style="width: 30%; text-align: center;"> 239-591-8453 <small>Daytime Phone #</small> </div> </div>																													