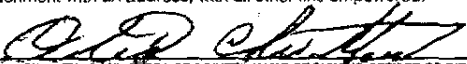


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000031302 1. Entity Name POOLS BY OTIS, INC.			
Principal Place of Business 318 AMELIA STREET KEY WEST, FL 33040		Mailing Address 318 AMELIA STREET KEY WEST, FL 33040	
DO NOT WRITE IN THIS SPACE			
		01092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHEATHAM, OTIS L 318 AMELIA STREET KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		1000000388257 01/19/06-80071-016 158.75	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	CHEATHAM, OTIS L		
STREET ADDRESS	318 AMELIA STREET		
CITY - ST - ZIP	KEY WEST, FL 33040		
TITLE	S		
NAME	CHEATHAM, OTIS L		
STREET ADDRESS	318 AMELIA STREET		
CITY - ST - ZIP	KEY WEST, FL 33040		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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.			
SIGNATURE: 		1/10/06 (305) 797-347	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OTIS L. Cheatham		Date Daytime Phone #	