2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90041 043 ***150.00

DOCUMENT # P04000051935

1. Entity Name
MY SOL POOLS, INC.

Principal Place of Business	Mailing Address
4600 121ST TERRACE N. ROYAL PALM BEACH FL 33411	4600 121ST TERRACE N. ROYAL PALM BEACH FL 33411

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1128 Royal Palm Beach Blvd.	1128 Royal Palm Beach Blvd.
Suite, Apt. #, etc.: 241	Suite, Apt. #, etc.: 241
City & State: Royal Palm Beach, FL	City & State: Royal Palm Beach, FL
Zip: 33411 Country: PALM BEACH	Zip: 33411 Country: PALM BEACH

4. FEI Number 20-0904746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ULLFIG, HAYDEE I 4600 121ST TERRACE N. ROYAL PALM BEACH FL 33411	Name: ULLFIG, HAYDEE I. Street Address (P.O. Box Number is Not Acceptable): 1128 Royal Palm Beach Blvd. #241 City: Royal PalmBeach FL Zip Code: 33411

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: Haydee Ullfig 2-2-07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLFIG, HAYDEE I 4600 121ST TERRACE N. ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Haydee Ullfig 2/2/07 561-324-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #