2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# P04000062298

Entity Name: A-1 POOL PRO, INC.

Current Principal Place of Business:

1527 NW 29TH PLACE
CAPE CORAL, FL 33993

New Principal Place of Business:

1629 SE 39 STREET
CAPE CORAL, FL 33904

Current Mailing Address:

1527 NW 29TH PLACE
CAPE CORAL, FL 33993

New Mailing Address:

1629 SE 39 STREET
CAPE CORAL, FL 33904

FEI Number: 43-2048227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, SCOTT M
1527 NW 29TH PLACE
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

WALKER, SCOTT M
1629 SE 39 STREET
CAPE CORAL, FL 33904 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: 02/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALKER, SCOTT M
Address: 1527 NW 29TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: STD ( ) Delete
Name: WALKER, TRISHA
Address: 1527 NW 29TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WALKER, SCOTT M
Address: 1629 SE 39 STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: STD (X) Change ( ) Addition
Name: WALKER, TRISHA
Address: 1629 SE 39 STREET
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT M. WALKER PD 02/28/2005
Electronic Signature of Signing Officer or Director — Date