2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P04000076933

Entity Name: MICHAEL CLINE'S POOLS, INC.

Current Principal Place of Business:

4718 NW 8TH TER.
OAKLAND PARK, FL 33309

New Principal Place of Business:

362 SW COVINGTON RD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

4718 NW 8TH TER.
OAKLAND PARK, FL 33309

New Mailing Address:

362 SW COVINGTON RD.
PORT ST. LUCIE, FL 34953

FEI Number: 84-1649123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLINE, MICHAEL
715 NE 2ND AV
202
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

CLINE, MICHAEL
362 SW COVINGTON RD.
PORT ST. LUCIE, FL 34953 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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLINE, MICHAEL J
Address: 715 NE 2 AV #202
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL CLINE P 04/29/2008
Electronic Signature of Signing Officer or Director — Date