


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90003 015 \*\*\*558.75

<b>DOCUMENT # P04000129892</b>		
1. Entity Name <b>AQUA 1 POOLS &amp; SPAS, INC.</b>		

Principal Place of Business <b>17920 NW 48 CT. MIAMI, FL 33055 US</b>	Mailing Address <b>17920 NW 48 CT. MIAMI, FL 33055 US</b>
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**50021267**

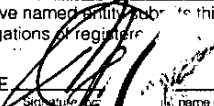


2. Principal Place of Business <b>16920 NW 52 AVE.</b>	3. Mailing Address <b>16920 NW 52 AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>75-3171909</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33055</b>	Country <b>US</b>	Zip <b>33055</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>ESPINOSA, MARTIN JR. 17920 NW 48 CT. MIAMI, FL 33055</b>		7. Name and Address of New Registered Agent Name <b>Espinosa, Martin Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>16920 NW 52 AVE.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33055</b>	
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8. The above named entity subscribes to 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.

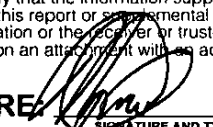
SIGNATURE  **Martin Espinosa Jr.** DATE **6/7/06**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOV Due by 9</b>	<b>IS \$550.00</b> <b>ber 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESPINOSA, MARTIN JR.</b>		NAME <b>Espinosa, Martin Jr.</b>	
STREET ADDRESS <b>17920 NW</b>		STREET ADDRESS <b>16920 NW 52 AVE</b>	
CITY-ST-ZIP <b>MIAMI, FL</b>		CITY-ST-ZIP <b>Miami, FL 33055</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESPINOSA, MARTIN SR.</b>		NAME <b>Espinosa, Martin Sr.</b>	
STREET ADDRESS <b>17920 NW</b>		STREET ADDRESS <b>5373 NW 201 ST.</b>	
CITY-ST-ZIP <b>MIAMI, FL</b>		CITY-ST-ZIP <b>Miami, FL 33055</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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  **Martin Espinosa Jr.** DATE **6/7/06** 786-380-7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR