

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jan 19, 2005
Secretary of State**

DOCUMENT# P04000131379

Entity Name: ACCURATE POOLS, INC.

Current Principal Place of Business:

10970 PIPING ROCK CIRCLE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10970 PIPING ROCK CIRCLE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-1678875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, AUDREY L
10970 PIPING ROCK CIRCLE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOTO, AUDREY L
Address: 10970 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: SOTO, EDGARDO L
Address: 10970 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: RODRIGUEZ, MILAGROS
Address: 10970 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: SOTO, AUDREY L
Address: 10970 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

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

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

Title: D () Change (X) Addition
Name: MARTINEZ, JONATHAN R
Address: 10970 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

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: AUDREY L. SOTO

RA

01/19/2005

Electronic Signature of Signing Officer or Director

Date