


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000138940 1. Entity Name ACTION POOL SERVICE, INC	
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Principal Place of Business 2439 COOLIDGE ST HOLLYWOOD, FL 33020	Mailing Address 2439 COOLIDGE ST HOLLYWOOD, FL 33020
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1985784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMALLCOMBE, SEAN 2439 COOLIDGE ST HOLLYWOOD, FL 33020

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IN THIS SPACE**

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 *Sean Smallcombe* DATE 1/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000586187 01/16/07-80043-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLCOMBE, SEAN 2439 COOLIDGE ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMALLCOMBE, ELIZABETA 2439 COOLIDGE ST HOLLYWOOD, FL 33020
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IN THIS SPACE**

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: *Sean Smallcombe* DATE 1/4/07 DAYTIME PHONE 954-632-6145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR