2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P04000146007

Entity Name: LITTLE LAGOON POOLS & SPA, INC.

Current Principal Place of Business:

15734 ACORN CIRCLE
TAVARES, FL 32778

New Principal Place of Business:

15734 ACORN CIRCLE
TAVARES, FL 32778 US

Current Mailing Address:

15734 ACORN CIRCLE
TAVARES, FL 32778

New Mailing Address:

15734 ACORN CIRCLE
TAVARES, FL 32778 US

FEI Number: 20-1759031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, TERRY E
545 N. UMATILLA BLVD.
UMATILLA, FL 32784 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BONVISUTO, RICHARD
Address: 15734 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: VD ( ) Delete
Name: BONVISUTO, CHERYL A
Address: 15734 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: OD ( ) Delete
Name: WILSON, TREVOR A
Address: 15734 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BONVISUTO, RICHARD
Address: 15734 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778 US

Title: VD (X) Change ( ) Addition
Name: BONVISUTO, CHERYL A
Address: 15734 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778 US

Title: OD (X) Change ( ) Addition
Name: FINDLY, WILLIAM
Address: 15734 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778 US

Title: OD ( ) Change (X) Addition
Name: GHENT, PAUL
Address: 15737 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD BONVISUTO OD 09/05/2006

Electronic Signature of Signing Officer or Director — Date