

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90113 027 ***150.00

DOCUMENT # P04000150398 1. Entity Name A TOUCH OF BLUE POOL SERVICES INC	
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Principal Place of Business 97 GLEN ROYAL PARKWAY MIAMI, FL 33125	Mailing Address 97 GLEN ROYAL PARKWAY MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1843136	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 MORENO, VIDAL 97 GLEN ROYAL PARKWAY MIAMI, FL 33125
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, VIDAL 97 GLEN ROYAL PARKWAY MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, PETRONA 97 GLEN ROYAL PARKWAY MIAMI, FL 33125
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**DO NOT WRITE
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #