2007 FOR PROFIT CORPORATION

FILED Sep 06, 2007 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P04000159324 **BUCK ISLAND POOLS INC.** Principal Place of Business Mailing Address 8520 NW 51ST STREET 8520 NW 51ST STREET LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 08312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3792545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, ROSANGEL 8520 NW 51ST STREET LAUDERHILL, FL 33351 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, HECTOR L NAME STREET ADDRESS **8520 NW 51ST STREET** CITY-ST-ZIP LAUDERHILL, FL 33351 VCEO RODRIGUEZ, ROSANGEL M NAME STREET ADDRESS **8520 NW 51ST STREET** CITY-ST-ZIP LAUDERHILL, FL 33351 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

