

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000166129

1. Entity Name
HAPPY POOL SERVICES, INC.



**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90198 005 ***158.75

60034122



04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7040 WEST PALMETTO PARK ROAD SUITE 4 BOCA RATON, FL 33433	7040 WEST PALMETTO PARK ROAD SUITE 4 BOCA RATON, FL 33433
4. FEI Number	Applied For <i>52-2446856</i>
5. Certificate of Status Desired	Not Applicable
Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONCEL, JAIME 7040 WEST PALMETTO PARK ROAD #4 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, SHERLEY 7040 WEST PALMETTO PARK ROAD #4 BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Change Registered Agent
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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

4/26/06 (954) 729-8666
Date Daytime Phone #

7040 WEST PALMETTO PARK ROAD #4

Street Address