


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90156 038 ***158.75

| | |
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| DOCUMENT # P05000007796 |  |
| 1. Entity Name DEEP BLUE POOL & SPA, INC | |

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|---|---|
| Principal Place of Business 9305 SW 77 AVE APT 336 MIAMI, FL 33156 US | Mailing Address 9305 SW 77 AVE APT 336 MIAMI, FL 33156 US |
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| 2. Principal Place of Business - No P.O. Box # 12880 SW 132 Terrace Suite, Apt. #, etc. | 3. Mailing Address 12880 SW 132 Terrace Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|
| City & State MIAMI, FL | City & State MIAMI, FL |
|----------------------------------|----------------------------------|

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|---------------------|--------------------------|---------------------|--------------------------|
| Zip 33186 | Country U.S.A. | Zip 33186 | Country U.S.A. |
|---------------------|--------------------------|---------------------|--------------------------|

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent SOARES, WENDEL 9305 SW 77 AVE APT 336 MIAMI, FL 33156 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| 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 |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SOARES, WENDEL | | NAME SOARES, WENDEL | |
| STREET ADDRESS 9305 SW 77 AVE, APT 336 | | STREET ADDRESS 12880 SW 132 Terrace | |
| CITY-ST-ZIP MIAMI, FL 33156 | | CITY-ST-ZIP MIAMI, FL 33186 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Wendel Franco Soares (Wendel Franco Soares) 04/16/07 (786) 242 9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #