MAY-1-2006 11:23A FROM:INGRAM & WAGNER, PA 7725463496

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90211 034 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000016294

1. Entity Name
PALMLAND POOL SOLUTIONS, INC.

40081241

Principal Place of Business	Mailing Address
3877 FLORIDA BLVD PALM BCH GARDENS, FL 33410	3877 FLORIDA BLVD PALM BCH GARDENS, FL 33410

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3877 Florida Blvd	3877 Florida Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State P.B.G FL	City & State P.B.G FL
Zip 33410 Country US	Zip 33410 Country US

4. FEI Number 84-1669155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINDER, DAVID
3877 FLORIDA BLVD
PALM BCH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	☐ Delete
NAME	PINDER, DAVID	
STREET ADDRESS	3877 FLORIDA BLVD	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: D Pinder 4/28/06 561-776-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #