
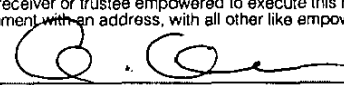


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90397 039 \*\*\*150.00

<b>DOCUMENT # P05000023145</b> 1. Entity Name <b>WEST COAST POOLS &amp; DECKING, INC.</b>			
Principal Place of Business <b>2015 BROAD ST. S. BROOKSVILLE, FL 34604</b>		Mailing Address <b>2015 BROAD ST. S. BROOKSVILLE, FL 34604</b>	
2. Principal Place of Business - No P.O. Box # <b>16615 US 19 North</b>		3. Mailing Address <b>16615 US 19 North</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hudson FL</b>		City & State <b>Hudson FL</b>	
Zip <b>34667</b>		Zip <b>34667</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2338741</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ANDRADE, ARNOLDO 2015 BROAD ST. S. BROOKSVILLE, FL 34604</b>		<b>7. Name and Address of New Registered Agent</b> Name Street <b>16615 US 19 North</b> City <b>Hudson</b> <b>FL</b> Zip <b>34667</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D2VP</b> <input type="checkbox"/> Delete NAME <b>ANDRADE, PAUL C</b> STREET ADDRESS <b>14185 MULKERIN DRAY</b> CITY-ST-ZIP <b>BROOKSVILLE, FL 34614</b>	TITLE <b>D1VP</b> <input type="checkbox"/> Delete NAME <b>ANDRADE, ARNALDO</b> STREET ADDRESS <b>5375 CHAMPIONSHIP CUP LANE</b> CITY-ST-ZIP <b>BROOKSVILLE, FL 34609</b>	TITLE <b>D1VP/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ANDRADE, WALDIR</b> STREET ADDRESS <b>9325 SOUTHERN BELLE DRIVE</b> CITY-ST-ZIP <b>WEEKI WACHEE, FL 34613</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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.			
<b>SIGNATURE: X</b> 		<b>4/25/08</b> Date Daytime Phone #	