

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038649

Entity Name: WM POOL SERVICES, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

504 SW 1ST CT #206
FT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

504 SW 1ST CT #206
FT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 20-2503266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OSUZA MENDES, WALTER
504 SW 1ST CT #206
FT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

DE SOUZA MENDES, WALTER
504 SW 1ST CT #206
FT LAUDERDALE, FL 33319 US

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.

SIGNATURE: WALTER DE SOUZA MENDES

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DE SOUZA MENDEA, WALTER
Address: 504 SW 1ST CT #206
City-St-Zip: FT LAUDERDALE, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DE SOUZA MENDEA, WALTER
Address: 504 SW 1ST CT #206
City-St-Zip: FT LAUDERDALE, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER DE SOUZA MENDES

PVST

04/13/2007

Electronic Signature of Signing Officer or Director

Date