2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2006 8:00 am Secretary of State GOCUMENT # P05000042260 04-12-2006 90085 021 ***158.75 1. Entity Name WEST PALM POOLS INC Principal Place of Business Mailing Address 308 HUGH STREET 308 HUGH STREET JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 103 S. US Hwy 1 1935. U.S. Hwy 1 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 30-0304936 Jupiter, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P. STETSON STETSON, MARY ANN M Street Address (P.O. Box Number is Not Acceptable) 308 HUGH STREET JUPITER FL 33458 CITYJUPITER 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITI £ ☐ Change ☐ Addition STETSON, MARY ANN M NAME NAME STREET ADDRESS 308 HUGH STREET STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STETSON, MARY ANN M NAME STREET ADDRESS 308 HUGH STREET STREET ADDRESS CITY-ST-7IP JUPITER FL 33458 CITY-ST-7IP CEO--- -TITI C . . . Delete. TITLE ☐ Addition NAME NAME STETSON, MARY ANN M STREET ADDRESS STREET ADDRESS 308 HUGH STREET CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: May Clas M. SIGNATURE AND TYPED OR PRINTED NA

☐ Delete

Freb. 28,2006 (541)746-8388

☐ Change

☐ Addition

FILED