2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043046

Entity Name: POOLTIME OF CENTRAL FLORIDA, INC.

FENIGER, MICHAEL K

233 VIA CONDADO WAY

PALM BEACH GARDENS, FL 33418 US

Name: Address:

City-St-Zip:

FILED Jul 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1100 BARNETT DR. SUITE 22 LAKE WORTH, FL 33461 US **New Mailing Address: Current Mailing Address:** 1100 BARNETT DR. SUITE 22 LAKE WORTH, FL 33461 US FEI Number: 81-0667217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FENIGER, LARRY 233 VIA CONDADO WAY PALM BEACH GARDENS, FL 33418 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FENIGER, SALLY L Name: Name: 233 VIA CONDADO WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: FENIGER, LARRY Name: 233 VIA CONDADO WAY Address: Address: PALM BEACH GARDENS, FL 33418 US City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete FENIGER, LAWRENCE R FENIGER, LAURENCE R Name: Name: 233 VIA CONDADO WAY 173 VIA CONDADO WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: PALM BEACH GARDENS, FL 33418 US Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAURENCE FENIGER T 07/05/2006