2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P05000044352** 04-03-2006 90393 021 ***158.75 PRINCE POOLS AND CONCRETE, INC. **60043636** Principal Place of Business Mailing Address 5606 BENEVA ROAD **5606 BENEVA ROAD** SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State **30-**Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRINCE, STACEY Street Address (P.O. Box Number is Not Acceptable) 5606 BENEVA ROAD SARASOTA, FL 34233 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Change ☐ Addition TILE ☐ Defete NAME PRINCE, JASON NAME STREET ADDRESS 5606 BENEVA ROAD STREET ADDRESS SARASOTA, FL 34233 CITY-ST-ZIF CETY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME PRINCE, STACEY MAME STREET ADDRESS STREET ADDRESS 5606 BENEVA ROAD CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete HILE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED