## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 08:00 All Secretary of State DOCUMENT # P05000047025 1. Entity Name AQUAMANIA POOL CARE, INC. Principal Place of Business Mailing Address 1301 CONGRESS WAY 1301 CONGRESS WAY DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 No Chg-P 02232007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2596690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAS, LUIZ A DO NOT WRITE 1301 CONGRESS WAY DEERDIELD BEACH, FL 33442 IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DIAS, LUIZ A NAMÉ STREET ADDRESS 1301 CONGRESS WAY CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP #m# IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STRLET ADDRESS U000000708158\ CITY-ST-ZIP 04/24/07-80103¥015\150\00 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

CIGNATURE.

DIAS, WIZ A 2-23-0'

1.1 (011) 305-0545