

P05000056764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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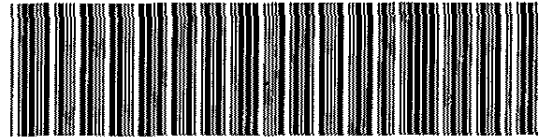
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perfect Pools & Spa inc.
(Name of corporation)

DOCUMENT NUMBER: P05000056764

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward LiQuori
(Name of contact person)

Perfect Pools & Spa Inc.
(Firm/Company)

16399 75 Place North
(Address)

10Xahatchee FL 33470
(City/state and zip code)

For further information concerning this matter, please call:

Edward LiQuori at (561) 248-0247
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Perfect Pools & Spa Inc.
2. The principal office address: 116399 75 Place North
Loxahatchee, FL 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-13-05 Document number: P05000056764
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Edward Liquri
6750 NW 24 Terr
Fort Lauderdale FL 33309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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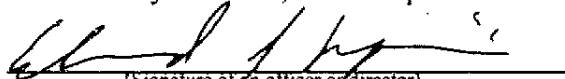
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Edward Liquri
~~6750 NW 24 Terr~~
(P.O. Box NOT acceptable)
116399 75 Place North
Loxahatchee FL 33470


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Edward J Liquri President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8-2-05
(Date)

If signing on behalf of an entity:

Edward J Liquri
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314