2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056764

Entity Name: PERFECT POOLS & SPA INC.

FILED Jan 26, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16399 75TH PLACE NORTH LOXAHATCHEE, FL 33470 US

Current Mailing Address: New Mailing Address:

16399 75TH PLACE NORTH LOXAHATCHEE, FL 33470 US

FEI Number: 20-3167348 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:

LIQUORI, EDWARD J 16399 75TH PLACE NORTH LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: PST

Name: LIQUORI, EDWARD J PRES Address: 16399 75TH PLACE NORTH City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: PST

 Name:
 LIQUORI, EDWARD J

 Address:
 16399 75 PLACE NORTH

 City-St-Zip:
 LOXAHATCHEE, FL 33470 US

Title: PST

Name: LIQUORI, EDWARD J PRES
Address: 16399 75 PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: PST

 Name:
 LIQUORI, EDWARD J

 Address:
 16399 75 PLACE NORTH

 City-St-Zip:
 LOXAHATCHEE, FL 33470 US

Title: PS1

 Name:
 LIQUORI, EDWARD J

 Address:
 16399 75 PLACE NORTH

 City-St-Zip:
 LOXAHATCHEE, FL 33470 US

Title: PST

 Name:
 LIQUORI, EDWARD J

 Address:
 16399 75 PLACE NORTH

 City-St-Zip:
 LOXAHATCHEE, FL 33470 US

I hereby 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 all other like empowered.

SIGNATURE: EDWARD LIQUORI PRES 01/26/2012