


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90013 030 ***150.00

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| DOCUMENT # P05000076029 |  |
| 1. Entity Name FIVE STAR POOL, INC. | |

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| Principal Place of Business 998 FLAMINGO AVE SEBASTIAN FL 32958 | Mailing Address 998 FLAMINGO AVE SEBASTIAN FL 32958 |
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| 2. Principal Place of Business - No P.O. Box # 998 Flamingo Ave | 3. Mailing Address 998 Flamingo Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

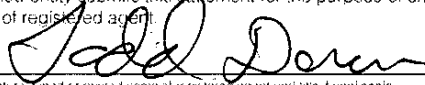
1st MOORE CR2E034 (10/07)

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| City & State Sebastian Fla. | City & State Sebastian FL |
| Zip 32958 | Country Indian River |
| Country 32958 | Country |

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| 4. FEI Number 20-4205700 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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| 6. Name and Address of Current Registered Agent DORAN, TODD 998 FLAMINGO AVE SEBASTIAN FL 32958 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 4-4-08 |
| Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when constituting) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DORAN, TODD 998 FLAMINGO AVE SEBASTIAN FL 32958 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | |
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| SIGNATURE:  | DATE 04-4-08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |