2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2007 8:00 am **DOCUMENT # P05000084765 Secretary of State** 1. Entity Name FORTRESS POOL SERVICE, INC. 03-16-2007 90041 046 ***150.00 Principal Place of Business Mailing Address 3700 NE 16TH TERRACE 3700 NE 16TH TERRACE POMPNAO BEACH, FL 33064 POMPNAO BEACH, FL 33064 2. Principal Place of Business - No P.O. Box # Mailing Address 78 vista del Rio 70 VISTA Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For BOYTON BEACH, FL 80YTON BEACH.FL 20-2992378 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIS DE FARIA, FABIO Street Address (P.O. Box Number is Not Acceptable) 3700 NE 16TH TERRACE POMPNAO BEACH, FL 33064 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete PD REIS DE FARIA , FABIO TITLE TRUE Change . ☐ Addition REIS DE FARIA, FABIO MAME NAME 78 VISTA DEL RIO STREET ADDRESS 4255 CRYSTAL LAKE DR - # 83 STREET ADDRESS CITY-ST-709 POMPNAO BEACH, FL 33064 CITY-ST-7IP BOYTON BEACH, FL TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not quality 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 office 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED