

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2006 DEC -4 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000097438		
1. Entity Name CHICO POOLS INC.		

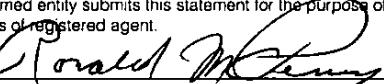
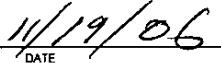
Principal Place of Business P.O. BOX 865 INDIAN ROCKS BEACH, FL 33785 US	Mailing Address P.O. BOX 865 INDIAN ROCKS BEACH, FL 33785 US
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2. Principal Place of Business 11485 Oakhurst Rd. Suite, Apt. #, etc. Bld 1100 - 305	3. Mailing Address Suite, Apt. #, etc.
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City & State LARGO FL Zip 33774 Country Pinellas	City & State
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6. Name and Address of Current Registered Agent PERRY, RONALD 11485 OAKHURST BLDG #5 #305 LARGO, FL 33774	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 

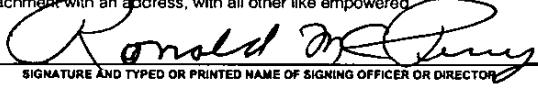
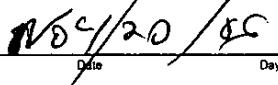
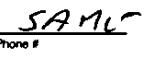
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!- FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00		
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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 <input type="checkbox"/> Delete PERRY, RONALD P.O. BOX 865 INDIAN ROCKS BEACH, FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition RONALD MICH. O' PERRY P.O. BOX 865 33785
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 500082093295 11/27/06-01045--002 **750.75
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
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 B 12/03/06
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 F 11/27/06-01045--002 **750.75
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

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.

SIGNATURE:  DATE  Daytime Phone # 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR