


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 <i>11485 Oakhurst Rd.</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Bldg 1100-305</i>	Suite, Apt. #, etc.

City & State <i>Largo FL</i>	City & State
Zip <i>33774</i>	Country <i>Pinellas</i>



11132006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent PERRY, RONALD 11485 OAKHURST BLDG 1100-305 <i>Bldg 1100 unit 325</i> LARGO, FL 33774		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 *Ronald Perry* DATE *11/19/06*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FES 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 PERRY, RONALD P.O. BOX 865 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OWNER PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition RONALD MCALICORRY PO BOX 865 IRB FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500082083295 11/27/06--01045--002 **758.75 <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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>B 12/05/06</i> <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	<i>STATEMENT Op</i> <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

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: *Ronald Perry* DATE *11/20/06* DAYTIME PHONE # *5411*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR