2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097572

FILED Apr 19, 2006 Secretary of State

Entity Name: AQUA BLUE POOL SERVICE OF THE TREASURE COAST, INC.

Current P	rincipal Place	of Business:	New Principal P	New Principal Place of Business:	
P O BOX 690596 VERO BEACH, FL 32968				1143 38TH AV. SW VERO BEACH, FL 32968	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
P O BOX 690596 VERO BEACH, FL 32968				P O BOX 690596 VERO BEACH, FL 32969	
FEI Number:	20-3192479	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Addre	ess of New Registered Agent:	
1143 38TĤ	THERESA A AVE SW ACH, FL 32968	US			
	named entity s of Florida.	ubmits this statement for the pur	pose of changing its regi	stered office or registered agent, or both,	
SIGNATUF					
	Electroni	c Signature of Registered Agent	İ	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FOWLER, R. MA 1143 38TH AVE VERO BEACH, F	SW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () FOWLER, D. KE 6505 BAYARD F FT PIERCE, FL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () FOWLER, CRYS 6505 BAYARD F FT PIERCE, FL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () FOWLER, THER 1143 38TH AVE VERO BEACH, F	SW	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THERESA A. FOWLER T 04/19/2006