2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097840

Entity Name: ALL ABOUT POOLS BY THERESA, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

% THERESA A GIACALONE% THERESA A GIACALONE1614 BELLA VISTA WAY1313 SE ROANOAKE STPORT ST LUCIE, FL 34952USPORT ST LUCIE, FL 34952US

Current Mailing Address: New Mailing Address:

% THERESA A GIACALONE% THERESA A GIACALONE1614 BELLA VISTA WAY1313 SE ROANOAKE STPORT ST LUCIE, FL 34952USPORT ST LUCIE, FL 34952US

FEI Number: 20-3151488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCESS ACCOUNTING INC 432 SW LAKEHURST DR PORT ST LUCIE, FL 349832825 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GIACALONE, THERESA A GIACALONE, THERESA A Name: Name: 1614 BELLA VISTA WAY 1313 SE ROANOAKE ST Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 US City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: VPT () Delete Title: VPT (X) Change () Addition

Name: CARROZZA, MICHAEL J Name: CARROZZA, MICHAEL J Address: 1614 BELLA VISTA WAY Address: 1313 SE ROANOAKE ST
City-St-Zip: PORT ST LUCIE, FL 34952 US City-St-Zip: PORT ST LUCIE, FL 34952 US

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 GIACALONE P 04/27/2006