


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90027 048 ***150.00

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| DOCUMENT # P05000101216 |  |
| 1. Entity Name POOL GUARD OF MIAMI-DADE COUNTY, INC. | |

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| Principal Place of Business 8495 S.W. 141 STREET MIAMI, FL 33156 US | Mailing Address 8495 S.W. 141 STREET MIAMI, FL 33156 US |
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| 2. Principal Place of Business - No P.O. Box # 7520 SW 172 ST | 3. Mailing Address 7520 SW 172 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------------|----------------------------------|
| City & State Palmetto Bay, FL | City & State Palmetto Bay, FL |
| Zip 33157 | Zip 33157 |
| Country USA | Country USA |

08012007 Chg-P CR2E034 (12/06)

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| 4. FEI Number APPLIED FOR 20-3363090 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HERNANDEZ, ANA 8495 S.W. 141 STREET MIAMI, FL 33158 | |
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| 7. Name and Address of New Registered Agent Name Ana Hernandez Street Address (P.O. Box Number is Not Acceptable) 7520 SW 172 Street City Palmetto Bay FL Zip Code 33157 | |
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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 Ana Hernandez DATE 8-2-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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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 HERNANDEZ, ANA 8495 S.W. 141 STREET MIAMI, FL 33158 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Ana Hernandez 7520 SW 172 Street Palmetto Bay, FL 33157 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S/T HERNANDEZ, ANA 8495 S.W. 141 STREET MIAMI, FL 33158 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition S-T Ana Hernandez 7520 SW 172 Street Palmetto Bay, FL 33157 |
| 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 |
| 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 |

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: Ana Hernandez DATE 8/2/07 DAYTIME PHONE # 305-378-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR