

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000105846

FILED
Oct 25, 2006
Secretary of State

Entity Name: ACE'S QUALITY POOL SERVICE, INC.

Current Principal Place of Business:

11910 ORANGE STREET
SAN ANTONIO, FL 335760764

New Principal Place of Business:

11910 ORANGE STREET
SAN ANTONIO, FL 335760764 US

Current Mailing Address:

PO BOX 764
SAN ANTONIO, FL 335760764

New Mailing Address:

FEI Number: 29-0384197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWLON, JOSEPH
12146 CURLEY STREET
SAN ANTONIO, FL 33576 US

Name and Address of New Registered Agent:

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: JOSEPH NEWLON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANTOINE, DONALD
Address: PO BOX 764
City-St-Zip: SAN ANTONIO, FL 33576

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Change (X) Addition
Name: ANTOINE, KENDALE
Address: PO BOX 764
City-St-Zip: SAN ANTONIO, FL 335760764 US

Title: DST () Change (X) Addition
Name: ANTOINE, SUSAN
Address: PO BOX 764
City-St-Zip: SAN ANTONIO, FL 335760764

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: DONALD ANTOINE

DP

10/25/2006

Electronic Signature of Signing Officer or Director

Date