
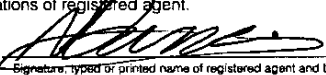
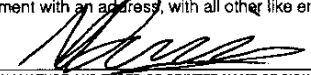


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90071 042 \*\*\*150.00

|  |                                    |  |  |  |  |
|--|------------------------------------|--|--|--|--|
| <b>DOCUMENT # P05000121772</b>   |                                    |  |  |         |  |
| 1. Entity Name<br>N & M POOL SERVICES, INC.  |                                    |  |  |  |  |
| Principal Place of Business<br>CONTEMPO PLAZA<br>43352 HIGHWAY 27 N.<br>DAVENPORT, FL 33837 US   |                                    |  | Mailing Address<br>CONTEMPO PLAZA<br>43352 HIGHWAY 27 N.<br>DAVENPORT, FL 33837 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                    | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                                    | City & State   |  | 4. FEI Number<br>20-3393010  |  |
| Zip  |                                    | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                    | 7. Name and Address of New Registered Agent  |  |  |  |
| CENTRAL FLORIDA VISA GROUP, INC.<br>2800 WINTER LAKE ROAD<br>LAKELAND, FL 33803  |                                    | Name<br>Nicholas S. Davies   |  |  |  |
|  |                                    | Street Address (P.O. Box Number is Not Acceptable)<br>Unit 1014, Bldg. 47, Waterside Drive |  |  |  |
|  |                                    | City<br>Celebration  |  | FL   |  |
| 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   |                                    | DATE 04/27/07  |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>           |  | \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |                                    |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                              |  |  |
| TITLE  | P <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME   | DAVIES, NICHOLAS S                 | NAME   |  |  |  |
| STREET ADDRESS   | UNIT 1014, BLD 47 WATERSIDE DRIVE  | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP  | CELEBRATION, FL 34747              | CITY-ST-ZIP  |  |  |  |
| TITLE  | DS <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME   | DAVIES, MICHELLE K                 | NAME   |  |  |  |
| STREET ADDRESS   | UNIT 1014, BLD 47 WATERSIDE DR.    | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP  | CELEBRATION, FL 34747              | CITY-ST-ZIP  |  |  |  |
| TITLE  | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME   |                                    | NAME   |  |  |  |
| STREET ADDRESS   |                                    | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP  |                                    | CITY-ST-ZIP  |  |  |  |
| TITLE  | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME   |                                    | NAME   |  |  |  |
| STREET ADDRESS   |                                    | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP  |                                    | CITY-ST-ZIP  |  |  |  |
| TITLE  | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME   |                                    | NAME   |  |  |  |
| STREET ADDRESS   |                                    | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP  |                                    | CITY-ST-ZIP  |  |  |  |
| 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:    |                                    | DATE 04/27/07  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                    | Date Daytime Phone #   |  |  |  |

40104400



04252007 Chg-P CR2E034 (12/06)

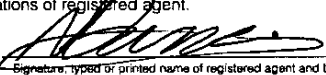
Applied For Not Applicable

04252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3393010

5. Certificate of Status Desired  \$8.75 Additional Fee Required

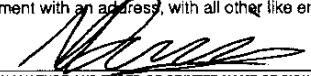
7. Name and Address of New Registered Agent  
 Name: Nicholas S. Davies  
 Street Address: Unit 1014, Bldg. 47, Waterside Drive  
 City: Celebration FL Zip Code: 34747

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:  DATE: 04/27/07

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVIES, NICHOLAS S                 | NAME  |   |
| STREET ADDRESS             | UNIT 1014, BLD 47 WATERSIDE DRIVE  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CELEBRATION, FL 34747              | CITY-ST-ZIP   |   |
| TITLE                      | DS <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVIES, MICHELLE K                 | NAME  |   |
| STREET ADDRESS             | UNIT 1014, BLD 47 WATERSIDE DR.    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CELEBRATION, FL 34747              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |

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:  DATE: 04/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #