2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 16, 2008 08:00 Al **DOCUMENT # P05000127471 Secretary of State** ROBERT MONAHAN POOL SERVICES, INC. Principal Place of Business Mailing Address 2636 NORTHWEST 32ND STREET 2636 NORTHWEST 32ND STREET BOCA RATON, FL. 33434 BOCA RATON, FL 33434 CR2E034 (11/05) 01062008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE NAME MONAHAN JR., ROBERT C 2636 NORTHWEST 32ND STREET STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS U00000785606 CITY-ST-ZIP 01/17/08-80007-012 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS 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 eath; 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 attachme address, with all other like empowered.

SIGNATURE:

IIILE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR

1.10.08

Daytime Phone #