2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000128988

1. Entity Name
INNOVATIVE POOLS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 10 AM 10: 13

Principal Place of Business
12627 SAN JOSE BOULEVARD, SUITE 102
JACKSONVILLE, FL 32223

Mailing Address
12627 SAN JOSE BOULEVARD, SUITE 102
JACKSONVILLE, FL 32223

10212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1940 Dumfries Ct.
Suite, Apt. #, etc.

3. Mailing Address
1940 Dumfries Ct.
Suite, Apt. #, etc.

City & State: Saint Johns, FL — Zip: 32259 — Country: USA

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4. FEI Number
20-3938679
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HERSHNER, TROY
988 BUTTERCUP DRIVE
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent
Name: Troy Hershner
Street Address (P.O. Box Number is Not Acceptable)
1940 Dumfries Ct.
City: Saint Johns FL Zip Code 32259

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 [signature] 10/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST HERSHNER, TROY 988 BUTTERCUP DRIVE JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Troy Hershner 1940 Dumfries Ct. Saint Johns, FL 32259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMARSLOK, GREGORY 172 AFTON LANE JACKSONVILLE, FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400138034384 11/18/08--01009--001 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 11/12/08	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 10/20/08 (904) 716-5??
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #