

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139410

Entity Name: POOLSIDE LISTINGS, INC.

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

6231 PGA BLVD.
STE. #104
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

6231 PGA BLVD.
STE. #104
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-3638217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, EDWARD H
6231 PGA BLVD.
STE. #104
PALM BEACH GARDENS, FL 33418 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAWSON, JO-ANN C
Address: 10346 LITTLE MUSTANG WAY
City-St-Zip: LAKE WORTH, FL 33414

Title: STD () Delete
Name: MCCABE, EDWARD H
Address: 1224 BAYVIEW WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VPD () Delete
Name: REX, DONNA L
Address: 1224 BAYVIEW WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: MCCABE, DONNA L
Address: 1224 BAYVIEW WAY
City-St-Zip: WELLINGTON, FL 33414

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: JO-ANN DAWSON

PD

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date