
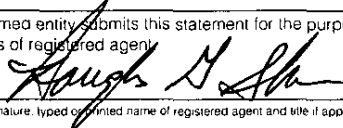
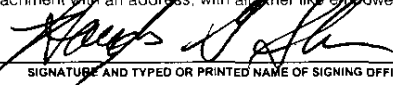


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -7 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000139620 1. Entity Name SLOAN POOLS, INC.					
Principal Place of Business 505 BEACHLAND BLVD STE #1 PMB 231 VERO BEACH, FL 32963			Mailing Address 505 BEACHLAND BLVD STE #1 PMB 231 VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box # 4245 70th Avenue		3. Mailing Address 4245 70th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 20-3642942	
Zip 32967		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SLOAN, DOUGLAS 5214 N.W. 52ND STREET COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name Douglas Sloan Street Address (P.O. Box Number is Not Acceptable) 4245 70th Avenue City Vero Beach FL Zip Code 32967		
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:  11-1-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLOAN, DOUGLAS 5214 N.W. 52ND STREET COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Douglas Sloan 4245 70th Avenue Vero Beach, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SLOAN, PAMELA 5214 N.W. 52ND STREET COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Pamela Sloan 4245 70th Avenue Vero Beach, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.					
SIGNATURE: 			11-1-07 Date		
DAYTIME PHONE #			DAYTIME PHONE #		

11/8/07