2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2007
Secretary of State

DOCUMENT# P05000160785

Entity Name: POOL PROS IN THE PINES, INC.

Current Principal Place of Business:

11254 PINES BOULEVARD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11254 PINES BOULEVARD
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-3935257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACK, ELLIOTT N
1031 NORTH MIAMI BEACH BOULEVARD
NORTH MIAMI BEACH, FL 33162 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: D ( ) Delete
Name: CORDES, RICHARD
Address: 11254 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: BLANCA, JOAN
Address: 11254 PINES BLVD.
City-St-Zip: HOLLYWOOD, FL 33026

Title: D ( ) Delete
Name: CORDES, PATRICIA
Address: 11254 PINES BLVD
City-St-Zip: HOLLYWOOD, FL 33026

Title: D ( ) Delete
Name: BLANCO, TERESA
Address: 11254 PINES BLVD.
City-St-Zip: HOLLYWOOD, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BLANCO, JOHN
Address: 11254 PINES BLVD.
City-St-Zip: HOLLYWOOD, FL 33026

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

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

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: PATRICIA CORDES D 01/13/2007
Electronic Signature of Signing Officer or Director Date