2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 AN **DOCUMENT # P05000161735** Secretary of State D'S POOL CLEANING SERVICES, INC. Principal Place of Business Mailing Address 3141 HENDERSON LANE 3141 HENDERSON LANE NORTH PORT, FL 34286 NORTH PORT, FL 34286 CR2E034 (11/05) 01172008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-1687490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEGROOT, JOAN DO NOT WRITE 3141 HENDERSON LANE NORTH PORT, FL 34286 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP TITLE NAME **DEGROOT, DENNIS** STREET ADORESS 3141 HENDERSON LANE CITY-ST-ZIP NORTH PORT, FL 34286 TITLE NAME U00000795739 STREET ADDRESS 01/29/08-80004-005 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECT

1-17-08 941-429-6478

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP