

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161865

FILED
Jan 06, 2007
Secretary of State

Entity Name: SWIM READY POOL SERVICES, INC.

Current Principal Place of Business:

849 UNIVERSITY BLVD
105
JUPITER, FL 33458 US

New Principal Place of Business:

171 MULLIGAN PLACE
JUPITER, FL 33458 US

Current Mailing Address:

849 UNIVERSITY BLVD
105
JUPITER, FL 33458 US

New Mailing Address:

171 MULLIGAN PLACE
JUPITER, FL 33458 US

FEI Number: 20-3924298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAVONE, PETER
849 UNIVERSITY BLVD
105
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

SCHIAVONE, PETER
171 MULLIGAN PLACE
JUPITER, FL 33458 US

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:

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHIAVONE, PETER
Address: 849 UNIVERSITY BLVD # 105
City-St-Zip: JUPITER, FL 33458 US

Title: VP () Delete
Name: SCHIAVONE, AIME
Address: 849 UNIVERSITY BLVD # 105
City-St-Zip: JUPITER, FL 33458 US

Title: S () Delete
Name: SCHIAVONE, AIME
Address: 849 UNIVERSITY BLVD #105
City-St-Zip: JUPITER, FL 33458 US

Title: AS () Delete
Name: SCHIAVONE, PETER
Address: 849 UNIVERSITY BLVD # 105
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHIAVONE, PETER
Address: 171 MULLIGAN PLACE
City-St-Zip: JUPITER, FL 33458 US

Title: VP (X) Change () Addition
Name: SCHIAVONE, AIME
Address: 171 MULLIGAN PLACE
City-St-Zip: JUPITER, FL 33458 US

Title: S (X) Change () Addition
Name: SCHIAVONE, AIME
Address: 171 MULLIGAN PLACE
City-St-Zip: JUPITER, FL 33458 US

Title: AS (X) Change () Addition
Name: SCHIAVONE, PETER
Address: 171 MULLIGAN PLACE
City-St-Zip: JUPITER, FL 33458 US

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: AIME SCHIAVONE

VP

01/06/2007

Electronic Signature of Signing Officer or Director

Date