

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167764

FILED
May 02, 2006
Secretary of State

Entity Name: POOL SCREEN SOLUTIONS, INC.

Current Principal Place of Business:

143 GUYAMAS DRIVE
KISSIMMEE, FL 34743

New Principal Place of Business:

1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 32323

Current Mailing Address:

143 GUYAMAS DRIVE
KISSIMMEE, FL 34743

New Mailing Address:

1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 32323

FEI Number: 20-4010161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, ELIO
143 GUYAMAS DRIVE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

MENDOZA, ELIO
1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 32323 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:

05/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MENDOZA, ELIO
Address: 143 GUYAMAS DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MENDOZA, ELIO
Address: 1580 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 32323

Title: VP () Change (X) Addition
Name: VIERA, OMAR
Address: 2261 MARINER COVE
City-St-Zip: KISSIMMEE, FL 34746

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: OMAR VIERA

VP

05/02/2006

Electronic Signature of Signing Officer or Director

Date