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FILED Jul 13, 2007 8:00 am Secretary of State

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BLUE WATER POOL HEATING SERVICES, INC.

Principal Place of Business Mailing Address 40124935 1085 FERGUS LANE 1085 FERGUS LANE PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112007 Chq-P CR2E034 (12/06) 4. FEI Number 41 - 2195 City & State City & State Applied Fo Not Applic Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSEN, WILLIAM JR. Street Address (P.O. Box Number is Not Acceptable) 1085 FERGUS LANE PUNTA GORDA, FL 33983 City Zip Code 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 acc the obligations of registered agent. 7-11-07 SIGNATURE Signature, typed or print (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., th Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change THOMPSEN, WILLIAM JR. NAME NAME STREET ADDRESS 1085 FERGUS LANE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP TITLE ☐ Delete III F ☐ Ad Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TMLE ☐ Delete ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

7-11-07