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4012033? [illegible] STATE OF FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000086032

1. Entity Name
POOL INNOVATION INC

Principal Place of Business	Mailing Address
898 SW 154 PATH MIAMI, FL 33194	898 SW 154 PATH MIAMI, FL 33194

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06052007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5118991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANZ, IRIA M
898 SW 154 PATH
MIAMI, FL 33194

7. Name and Address of New Registered Agent

Name: Luis R. Lanz
Street Address (P.O. Box Number is Not Acceptable): 898 SW 154 Path
City: Miami FL Zip Code: 33194

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 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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LANZ, IRIA M 898 SW 154 PATH MIAMI, FL 33194	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LANZ, LUIS R 898 SW 154 PATH MIAMI, FL 33194	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Lanz, Luis R. 898 SW 154 Path miami, FL 33194	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

6/15

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.

SIGNATURE: X [signature] Luis R. Lanz, DP 6-5-07 305-553-8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Luis gave permission to alter document.