

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105529

Entity Name: SUN RICH POOLS INC.

FILED  
May 18, 2007  
Secretary of State

## Current Principal Place of Business:

600 N. THACKER AVENUE  
SUITE C10  
KISSIMMEE, FL 34741

## New Principal Place of Business:

600 N THACKER AVE  
SUITE C10  
KISSIMMEE, FL 34746

## Current Mailing Address:

600 N. THACKER AVENUE  
SUITE C10  
KISSIMMEE, FL 34741

## New Mailing Address:

P O BOX 136073  
CLERMONT, FL 34713

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWTHORNE, LORRAINE  
600 N. THACKER AVENUE  
SUITE C10  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

HAWTHORNE, LORRAINE  
600 N THAQCKER AVE  
SUITE C 10  
KISSIMMEE, FL 34741 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: \_\_\_\_\_ 05/18/2007  
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: PD ( ) Delete  
Name: HAWTHORNE, LORRAINE  
Address: 600 N. THACKER AVENUE, SUITE C10  
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete  
Name: HAWTHORNE, RICHARD  
Address: 600 N. THACKER AVENUE, SUITE C10  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAWTHORNE, LORRAINE  
Address: P O BOX 136073  
City-St-Zip: CLERMONT, FL 34713

Title: VD (X) Change ( ) Addition  
Name: HAWTHORNE, RICHARD A  
Address: P O BOX 136073  
City-St-Zip: CLERMONT, FL 34713

I hereby certify that the information supplied with this filing does not qualify 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: LORRAINE HAWTHORNE                      P                      05/18/2007  
Electronic Signature of Signing Officer or Director                      Date