

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-19-2007 90085 020 ***150.00

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DOCUMENT # P06000129014					
1. Entity Name CERTIFIED POOL TECHNOLOGY INC.					
Principal Place of Business % COMPUKEEPER 2298 NW 2ND AVE. #20 BOCA RATON, FL 33431			Mailing Address % COMPUKEEPER 2298 NW 2ND AVE. #20 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 10253 Riverbend Ter			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boca Raton, FL			City & State		
Zip 33498	Country U.S.	Zip	Country	4. FEI Number 20-5613810	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LENNON, MICHAEL % COMPUKEEPER 2298 NW 2ND AVE. #20 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Michael Lennon Street Address (P.O. Box Number is Not Acceptable) 10253 Riverbend Terrace City Boca Raton FL Zip Code 33498	
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:		Michael Lennon, PR		DATE 3/28/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENNON, MICHAEL 10253 RIVERBEND TERRACE BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:		Michael Lennon, PR		DATE 3/28/07 561-477/0744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	