## FILED Apr 24, 2007 8:00 am Secretary of State 04-09-2007 90096 005 \*\*\*150.00

## 2007 FOR PROFIT CORPÓRATION ANNUAL REPORT

DOCUMENT # P06000141479  1. Entity Name D & V POOL SERVICES, INC.					04-09-200	7 90096 003	130.00
Principal Place of Business Mailing Address 10132 W INDIANTOWN RD IUPITER, FL 33478 IUPITER, FL 33478					1 DEINE ENN ETNI SENI SENI		1122 m 1224
Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03282007	Chg-P	CR2E034 (12/06)	
City & State	City & State	City & State		4 FEI Numb	844835	A N	opiled For ot Applicable
Zip Countr	y Zip	Zip Counti		5. Certificate	of Status Desired	S8.75 Add	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
GRUDINSKY, VINCENT 10132 W INDIANTOWN RD JUPITER, FL 33478			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	<u> </u>
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 profess name of registered agent and title if applicable.  (NOTE: Registered Agent signature regulated when reinstating)  DATE							
FILE NOWILL FEE S \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
III.	OFFICERS AND DIRECTORS	11. TITLE	·· <del>·</del>	ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	
KAME GRUDINSKY, VIN STREET ADDRESS 11699 152ND ST CITY-ST-ZP JUPITER, FL 334	CENT NORTH	name Str <u>e</u> e	T ADDRESS S1-ZDP			□ cuatus	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			☐ Change	Addition
			T ADORESS ST-13P			☐ Change	Addition
TITLE MANIE STREET ADDRESS CITY-S1-ZIP	☐ Delate	TITLE NAME STREE CITY-S	T ADORESS			☐ Change	☐ Addilloon
TITLE MAJAE STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	T ADDRÉSS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleta	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition
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 eath; 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: SIGNATURE: SIGNATURE AND TYPED OF PRINTED MANE OF BROWNED OF PRINTED OF PRINTED WANTE OF DIRECTOR 1771							