

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142316

FILED
Feb 18, 2008
Secretary of State

Entity Name: SUNSHINE POOLS SPA AND BILLIARDS, INC.

Current Principal Place of Business:

8297 CHAMPIONS GATE BLVD
SUITE 365
CHAMPIONS GATE, FL 33896 US

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONS GATE BLVD
SUITE 365
CHAMPIONS GATE, FL 33896 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TORRES, PETER A
8297 CHAMPIONS GATE BLVD
SUITE 365
CHAMPIONS GATE, FL 33896 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORROW, ANTHONY
Address: 8297 CHAMPIONS GATE BLVD, SUITE 365
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: VP () Delete
Name: NORROW, MARIE
Address: 8297 CHAMPIONS GATE BLVD, SUITE 365
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: TREA () Delete
Name: TORRES, PETER A
Address: 8297 CHAMPIONS GATE BLVD, SUITE 365
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: SEC () Delete
Name: TORRES, PETER A
Address: 8297 CHAMPIONS GATE BLVD SUITE 365
City-St-Zip: CHAMPIONS GATE, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NORROW, BETH
Address: 8297 CHAMPIONS GATE BLVD, SUITE 365
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER ANTHONY TORRES

SEC

02/18/2008

Electronic Signature of Signing Officer or Director

Date