2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State
07-21-2008 90032 019 ***150.00

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07112008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000055000

1. Entity Name
FRESH POOL SERVICES CORP

Principal Place of Business	Mailing Address
5279 CORAL CT ORLANDO, FL 32811	5279 CORAL CT ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5286 Brook Ct	5286 Brook Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32811 Country: Orange	Zip: 32811 Country: Orange

4. FEI Number: 26-0145973 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTRADA, ANDRES F 5279 CORAL CT ORLANDO, FL 32811	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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] DATE: 7/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 Due by September 12, 2008

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	P	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	ESTRADA, FERNANDO A		NAME	Andres F Estrada	
STREET ADDRESS	5279 CORAL CT		STREET ADDRESS	5286 Brook Ct	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	Orlando FL 32811	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 7/10/08 4072830945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #