

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100619

FILED
Apr 02, 2009
Secretary of State

Entity Name: BRITE WATER POOL PROS CORP.

Current Principal Place of Business:

1408 N KILLIAN DR, STE 103
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

1408 N KILLIAN DR, STE 103
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 26-0858466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLASURDO, ROBERT
312 S OLD DIXIE HWY
SUITE 208
JUPITER, FL 33458 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: COLASURDO, ROBERT
Address: 218 BARBADOS DR.
City-St-Zip: JUPITER, FL 33458

Title: VP () Delete
Name: REMEIKA, MICHAEL J
Address: 312 S OLD DIXIE HWY.; SUITE 208
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLASURDO, ROBERT
Address: 300 UNO LAGO DR. #201
City-St-Zip: JUNO BEACH, FL 33408

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: ROBERT COLASURDO

P

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date