
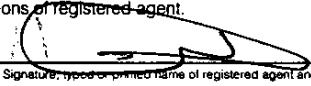
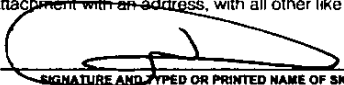


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 015 ***150.00

DOCUMENT # P07000125976 1. Entity Name POOL SERVICE USA, INC.					
Principal Place of Business 120 NW 83RD WAY CORAL SPRINGS, FL 33071 US			Mailing Address 120 NW 83RD WAY CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box # 8241 W Atlantic Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Coral springs FL		City & State Suite, Apt. #, etc.		4. FEI Number 26-1514435	
Zip 33071		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEROW, JEFFREY S 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Moshe Naftali Street Address (P.O. Box Number is Not Acceptable) 8241 W Atlantic Blvd City Coral springs FL Zip Code 33071	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P, D NAFTALI, MOSHE <input type="checkbox"/> Delete 120 NW 83RD WAY CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			Date 3-1-08 Daytime Phone # _____		