2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093373

Entity Name: J & J POOL AND BEACH SERVICES INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

462 GOLDEN ISLE DRIVE 462 GOLDEN ISLES DRIVE

APT. #301 APT. #301

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US

Current Mailing Address: New Mailing Address:

462 GOLDEN ISLE DRIVE 462 GOLDEN ISLES DRIVE

APT. #301 APT. #301

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US

FEI Number: 26-3561299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. POU, JOSEPH

13302 WINDING OAKS BLVD. 462 GOLDEN ISLES DRIVE

SUITE A-100 APT#301

TAMPA, FL 33612 US HALLANDALE BEACH, FL 33009 US

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: JOSEPH POU 01/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PD (X) Change () Addition

Name: POU, JOSEPH M Name: POU, JOSEPH M

Address: 462 GOLDEN ISLE DRIVE APT. #301 Address: 462 GOLDEN ISLE DRIVE APT. #301
City-St-Zip: HALLANDALE BEACH, FL 33009 US City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: SEC () Delete Title: S (X) Change () Addition

Name: GOMEZ, JEAN C Name: GOMEZ, JEAN C

Address: 462 GOLDEN ISLE DRIVE APT. #301 Address: 462 GOLDEN ISLE DRIVE APT. #301
City-St-Zip: HALLANDALE BEACH, FL 33009 US City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: TREA () Delete Title: T (X) Change () Addition

Name: GOMEZ, JEAN C Name: GOMEZ, JEAN C

Address: 462 GOLDEN ISLE DRIVE APT. #301
City-St-Zip: HALLANDALE BEACH, FL 33009 US
City-St-Zip: HALLANDALE BEACH, FL 33009 US

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: JOSEPH POU PD 01/21/2009