

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104894

FILED
Aug 10, 2009
Secretary of State

Entity Name: SUNSHINE POOLS AND SPA SERVICES, INC.

Current Principal Place of Business:

2213 CYPRESS ISLAND DR APT 402
POMPANO BEACH, FL 33069

New Principal Place of Business:

160 CYPRESS CLUB DR
625
POMPANO BEACH, FL 33060

Current Mailing Address:

2213 CYPRESS ISLAND DR APT 402
POMPANO BEACH, FL 33069

New Mailing Address:

160 CYPRESS CLUB DR
625
POMPANO BEACH, FL 33060

FEI Number: 26-3806912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY, SECOND FLOOR
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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: BRENO GOMES

08/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SILVA, ANTHONY W
Address: 2213 CYPRESS ISLAND DR APT 402
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV () Delete
Name: LOPES, ANA PAULA G
Address: 2213 CYPRESS ISLAND DR APT 402
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SILVA, ANTHONY W
Address: 160 CYPRESS CLUB DR # 625
City-St-Zip: POMPANO BEACH, FL 33060

Title: DV (X) Change () Addition
Name: LOPES, ANA PAULA G
Address: 160 CYPRESS CLUB DR # 625
City-St-Zip: POMPANO BEACH, FL 33060

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: ANTHONY W SILVA

DP

08/10/2009

Electronic Signature of Signing Officer or Director

Date