2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# P09000064172

Entity Name: SUNNYCOAST POOL CARE, INC.

Current Principal Place of Business:

6290 WILSHIRE PINES CIRCLE
#807
NAPLES, 34109 US

New Principal Place of Business:

1628 CAYMAN CT.
NAPLES, FL 34119 US

Current Mailing Address:

6290 WILSHIRE PINES CIRCLE
#807
NAPLES, 34109 US

New Mailing Address:

1628 CAYMAN CT.
NAPLES, FL 34119 US

FEI Number: 27-0652482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSER, ALEXANDER
6290 WILSHIRE PINES CIRCLE
#807
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MOSER, ALEXANDER
1628 CAYMAN CT.
NAPLES, FL 34119 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: 04/28/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT
Name: MOSER-SIPEK, EVA
Address: 1628 CAYMAN CT.
City-St-Zip: NAPLES, FL 34119 US

Title: DVPS
Name: MOSER, ALEXANDER
Address: 1628 CAYMANN CT.
City-St-Zip: NAPLES, FL 34119 US

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER MOSER DVPS 04/28/2010
Electronic Signature of Signing Officer or Director Date