2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2010
Secretary of State

DOCUMENT# P09000092407

Entity Name: PERFECT BLUE POOL CARE, INC.

Current Principal Place of Business:

870 MAYFIELD AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

2908 COVE TRAIL
WINTER PARK, FL 32789 US

Current Mailing Address:

870 MAYFIELD AVENUE
WINTER PARK, FL 32789 US

New Mailing Address:

P.O. BOX 3076
WINTER PARK, FL 32790 US

FEI Number: 27-1301018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECROY, KAREN A
870 MAYFIELD AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LECROY, KAREN A
2908 COVE TRAIL
WINTER PARK, FL 32789 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: KAREN A LECROY 10/06/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,S
Name: LECROY, KAREN A
Address: 2908 COVE TRAIL
City-St-Zip: WINTER PARK, FL 32789 US

Title: T,D
Name: LECROY, KAREN A
Address: 2908 COVE TRAIL
City-St-Zip: WINTER PARK, FL 32789 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: KAREN A LECROY P 10/06/2010
Electronic Signature of Signing Officer or Director Date