

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066826

Entity Name: SWIMM SOLUTIONS INC.

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

57 SOUTH WINTER PARK DRIVE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

57 SOUTH WINTER PARK DRIVE  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 38-3817078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WITTWER, DONNA  
57 SOUTH WINTER PARK DRIVE  
CASSELBERRY, FL 32707 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WITTWER, DONNA  
Address: 57 SOUTH WINTER PARK DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP  
Name: JONES, CHRIS  
Address: 57 SOUTH WINTER PARK DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

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: DONNA WITTWER

P

01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date