

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000019363

1. Entity Name  
PRINCIPAL POOLS INC.



**FILED  
Apr 24, 2006 8:00 am  
Secretary of State**

04-24-2006 90438 023 \*\*\*150.00

40060954



04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERGUSON, CARL L 14061 OAKRIDGE DRIVE DAVIE, FL 33325		Name <i>FERGUSON, Carl L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2024 NINDBROOK DR.</i> <i>DAEM BAY.</i> City <i>FL</i> Zip Code <i>32909</i>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renaturing)

DATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, CARL F 14061 OAKRIDGE DR DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <i>FERGUSON, CARL L.</i> <i>2024 NINDBROOK DR.</i> <i>DAEM BAY. FL 32909</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, FAY E 14061 OAKRIDGE DR DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <i>FERGUSON, FAY E.</i> <i>2024 NINDBROOK DR.</i> <i>DAEM BAY. FL 32909</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl L. Ferguson.*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06 3016841756  
Date Daytime Phone #