2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P93000043387

Entity Name: A SPLASH ABOVE POOL SERVICE, INC.

Current Principal Place of Business:

869 N.W. 6TH AVE.
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

869 N.W. 6TH AVE.
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0419972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUMKE, RODNEY
869 N.W. 6TH AVE.
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUMKE, RODNEY L
Address: 869 N.W. 6TH AVE.
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete
Name: DUMKE, CINDY L
Address: 869 N.W. 6TH AVE.
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DUMKE, RODNEY L
Address: 869 N.W. 6TH AVE.
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change ( ) Addition
Name: DUMKE, CINDY L
Address: 869 N.W. 6TH AVE.
City-St-Zip: BOCA RATON, FL 33432

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: RODNEY DUMKE PRES 04/01/2008

Electronic Signature of Signing Officer or Director Date