

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000043944

**FILED**  
**Sep 20, 2009**  
**Secretary of State****Entity Name:** BLU-AQUA POOLS OF FORT MYERS, INC.**Current Principal Place of Business:**13161 MCGREGOR BLVD  
7A  
FORT MYERS, FL 33908 US**New Principal Place of Business:**8319 OCOTILLO CT.  
NAPLES, FL 34108 US**Current Mailing Address:**13161 MCGREGOR BLVD  
7A  
FORT MYERS, FL 33908 US**New Mailing Address:**8319 OCOTILLO CT.  
NAPLES, FL 34108 US**FEI Number:** 65-0423142**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KOSMERL, ELIZABETH L  
13161 MCGREGOR BLVD. #7A  
FORT MYERS, FL 33919 US**Name and Address of New Registered Agent:**KOSMERL, ELIZABETH L  
8319 OCOTILLO CT.  
NAPLES, FL 34113 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: JOHN J. SPOLLEN

09/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOSMERL, ELIZABETH  
Address: 13161 MCGREGOR BLVD. #7A  
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete  
Name: KOSMERL, ELIZABETH  
Address: 13161 MCGREGOR BLVD. #7A  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KOSMERL, ELIZABETH  
Address: 8319 OCOTILLO CT.  
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change ( ) Addition  
Name: SPOLLEN, JOHN J  
Address: 8319 OCOTILLO CT.  
City-St-Zip: NAPLES, FL 34113

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: ELIZABETH L. KOSMERL

PRES

09/20/2009

Electronic Signature of Signing Officer or Director

Date