

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 013 \*\*\*158.75

<b>DOCUMENT # P94000058603</b> 1. Entity Name STAR-LITE POOL BUILDERS, INC.						
Principal Place of Business 10875 NW 52ND ST STE 8 SUNRISE, FL 33351	Mailing Address 10875 NW 52ND ST STE 8 SUNRISE, FL 33351	<div style="font-size: 24px; font-weight: bold;">66008065</div> <div style="font-size: 10px;">             01032008    No Chg-P    CR2E034 (11/05)           </div>				
<div style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: 10px;">           4. FEI Number            65-0511648         </td> <td style="width: 30%; font-size: 10px;">           Applied For            Not Applicable         </td> </tr> <tr> <td colspan="2" style="font-size: 10px;">           5. Certificate of Status Desired    <input checked="" type="checkbox"/>    \$8.75 Additional Fee Required         </td> </tr> </table>	4. FEI Number 65-0511648	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent  BIXLER, RONALD M 10875 NW 52 STREET SUITE #8 SUNRISE, FL 33351-8086		<div style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>				
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 obligation of maintaining records.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BIXLER, RONALD M. 10875 NW 52ND ST 8 SUNRISE, FL 33351	<div style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>				
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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: <u>Ronald M. Bixler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04/23/08 954.747.3377</u> <small>Date Daytime Phone</small>				