2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000030158

Entity Name: TROPICAL POOLS AND SPAS INC

FILED Mar 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2250 LEE ROAD 587 RUBY COURT

MAITLAND, FL 32751 US

WINTER PARK, FL 32789 US

New Mailing Address: Current Mailing Address:

587 RUBY COURT 2250 LEE ROAD

MAITLAND, FL 32751 US

WINTER PARK, FL 32789 US

FEI Number: 59-3312424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALSTOTT, ADAM ALSTOTT, ADAM 587 RUBÝ COURT 2250 LEE RD US

MAITLAND, FL 32751

WINTER PARK, FL 32789 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: ADAM ALSTOTT 03/23/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ALSTOTT, ADAM ALSTOTT, ADAM Name: Name: 2250 LEE ROAD #90 587 RUBY COURT Address: Address: MAITLAND, FL 32751 US City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip:

() Delete Title: Title: SEC SEC (X) Change () Addition

Name: ALSTOTT, ADAM Name: ALSTOTT, ADAM 2550 LEE ROAD #90 **587 RUBY COURT** Address: Address: WINTER PARK, FL 32789 US MAITLAND, FL 32751 US City-St-Zip: City-St-Zip:

Title: Title: TRES () Delete TRES (X) Change () Addition

ALSTOTT, ADAM ALSTOTT, ADAM Name: Name: 2250 LEE ROAD #90 587 RUBY COURT Address: Address: City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: MAITLAND, FL 32751 US

Title: VΡ () Delete Title: VΡ (X) Change () Addition

MEIER, SPENCER MEIER, SPENCER Name: Name: Address: 2250 LEE RD #90 Address: 587 RUBY COURT City-St-Zip: City-St-Zip: WINTER PARK, FL 32789 US MAITLAND, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM ALSTOTT **PRES** 03/23/2007