


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000049442</b> 1. Entity Name STELLA'S POOL SERVICE, INC.	
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Principal Place of Business 9280 CARLYE AVE SURFSIDE, FL 33154 US	Mailing Address PO BOX 6201 SURFSIDE, FL 33154 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0673254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STELLA, EMILIO 9280 CARLYE AVE. SURFSIDE, FL 33154
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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000402723 02/03/06-80019-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT EMILIO STELLA 9280 CARLYE AVE SURFSIDE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STELLA, REBECCA 9280 CARLYE AVE SURFSIDE, FL 33154
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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 lines empowered.

SIGNATURE: x  x 1/20/06 x  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #