


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**


05-16-2007 90013 023 \*\*\*150.00

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000064810</b>                 |  |
| <b>1. Entity Name</b><br>THE POOL DOCTOR, INC. |                                                                                   |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1545 ANTOINETTE COURT<br>OVIEDO, FL 32765 | <b>Mailing Address</b><br>1545 ANTOINETTE COURT<br>OVIEDO, FL 32765 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |

40114



05072007 Chg-P CR2E034 (12/06)

|                                                                                                        |                                                        |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3393921                                                                     | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>AMERILAWYER CHARTERED<br>343 ALMERIA AVENUE<br>CORAL GABLES, FL 33134 |
|-------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City                                               |
| FL Zip Code                                        |

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|                                                              |                                                                                                                            |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b> | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                       |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSTD<br>BURNS, WILLIAM T<br>1545 ANTOINETTE COURT<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                       |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:** William T. Burns **5-11-07** **407-366-8990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40114228

# P96000064810

## Profit & Loss Statement 2006

The Pool Doctor  
1545 Antoinette Ct.  
Oviedo, FL 32765

EIN 59-3393921

|                |       |
|----------------|-------|
| Gross Receipts | 58320 |
| Cost of Goods  | 14685 |

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43635

|                       |      |
|-----------------------|------|
| Office Supplies & Exp | 808  |
| Professional fees     | 200  |
| Telephone             | 968  |
| Uniforms              | 377  |
| Tolls                 | 281  |
| Truck expense         | 6157 |
| Tax & Licenses        | 221  |
| Depreciation          | 2850 |

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11862

|                       |       |
|-----------------------|-------|
|                       | 43635 |
| less total deductions | 11862 |

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|                 |       |
|-----------------|-------|
| Ordinary Income | 31773 |
|-----------------|-------|