2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # P97000056095 1. Entity Name 01-31-2007 90052 017 ***150.00 SWIMTECH, INC. Principal Place of Business Mailing Address 668 TOM BURNEY RD P.O. BOX 142 FERNANDINA BEACH FL 32035-0142 YULEE FL 32097 2. Principal Place of Business - No P.O. Box # 76538 TOM BUNNY 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3453678 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORTHEY, THOMAS J JR. Street Address (P.O. Box Number is Not Acceptable) 668 TOM BURNEY RD 16536 TOM BURNOY R YULEE FL 32097 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. (NO1) Registered Agent's guidage registed when reinstating, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE mu Delete Change Addition NORTHEY, THOMAS J JR. NAME NAME 668 TOM BURNEY RD STREET ADDRESS STREET ADDRESS YULEE FL 32097 CHY-SI-ZIP CITY ST 7IP HILL ☐ Delete HUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY SI ZIP TITLE ☐ Delete 11111 ☐ Change Inditibbe | STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY ST 7IP HILL ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CJIY SI-ZIP CHY ST ZIP TITLE Delete HITE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST 7IF CHY ST ZIP Defete 10111 Change Addition NAMI. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED