2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060201

17647 VALENCIA BLVD

LOXAHATCHEE, FL 33470

Address:

City-St-Zip:

Entity Name: POOL WISE INC

FILED Mar 08, 2009 Secretary of State

Entity Nai	me: POOL WISE	: INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LENCIA BLVD CHEE, FL 33470) US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	LENCIA BLVD CHEE, FL 33470) US			
FEI Number	: 65-0849066	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	BRETT A HITMORE DR LUCIE, FL 3498	4 US	REISER, BRETT A 17647 VALENCIA BLV LOXAHATCHEE, FL 3		
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: BRETT A REISER				03/08/2009	
	Electronic	Signature of Registered Age	ent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () De REISER, BRANDY 17647 VALENCIA LOXAHATCHEE, F	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () De REISER, BRETT A 17647 VALENCIA LOXAHATCHEE, F	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De REISER, BRANDY 17647 VALENCIA LOXAHATCHEE, F	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () De	elete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: BRANDY REISER VP 03/08/2009