2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # P98000073446 1. Entity Name 03-28-2006 90134 039 ***150.00 LOUIS "ELITE" POOL SERVICES, INC. Mailing Address Principal Place of Business 6224 DIAMOND LAKE COURT 6224 DIAMOND LAKE COURT **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 59-3528585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERG, CHARLES H 6224 DIAMOND LAKE COURT #CK 668 BOYNTON BEACH FL 33437 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, r both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Kosenbe SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 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 10. 11. TITLE PDO ☐ Delete TITLE Kosenberg. Louis Change ■ Addition ROSENBERG, LOUIS NAME NAME STREET ADDRESS STREET ADDRESS 6224 DIAMOND LAKE CT CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP VD ROSENBERG, CHARLES H STREET ADDRESS 6224 DIAMOND LAKE CT STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP Change ☐ Addition NAME ROSENBERG, SONDRA NAME STREET ADDRESS STREET ADDRESS 6224 DIAMOND LAKE CT C(TY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 it 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 of the corporation or the receiver or trustee emerif changed, or on an attachment with an address

with all ofter like empowered.

GNING OFFICER OR DIRECTOR

SIGNATURE:

FILED