2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2009
Secretary of State

DOCUMENT# P98000086141

Entity Name: CALABRETTA POOL CARE & REPAIR, INC.

Current Principal Place of Business:

6542 HYPOLUXO RD, STE 130
LAKE WORTH, FL 33467

New Principal Place of Business:

6586 HYPOLUXO RD, STE 130
LAKE WORTH, FL 33467

Current Mailing Address:

6542 HYPOLUXO RD, STE 130
LAKE WORTH, FL 33467

New Mailing Address:

6586 HYPOLUXO RD, STE 130
LAKE WORTH, FL 33467

FEI Number: 65-0869353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CALABRETTA, DAVID
Address: 6542 HYPOLOXO ROAD STE 130
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: CALABRETTA, SUSAN B
Address: 6542 HYPOLOXO ROAD STE 130
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CALABRETTA, DAVID
Address: 6586 HYPOLOXO ROAD STE 130
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change ( ) Addition
Name: CALABRETTA, SUSAN B
Address: 6586 HYPOLOXO ROAD STE 130
City-St-Zip: LAKE WORTH, FL 33467

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.

SIGNATURE: DAVID CALABRETTA P 05/24/2009

Electronic Signature of Signing Officer or Director Date