2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90100 012 ***150.00

DOCUMENT # P98000089027

1. Entity Name
FIRST CLASS POOLS & SPAS, INC.

Principal Place of Business
3100 GREEN TURTLE PL
MARGATE, FL 33063

Mailing Address
3100 GREEN TURTLE PL
MARGATE, FL 33063

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01142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 6779 West Calumet Circle
Suite, Apt. #, etc.:
City & State: Lake Worth, FL
Zip: 33467 Country: Palm Beach

3. Mailing Address: PMB 140 8927 Hypoluxo Road
Suite, Apt. #, etc.: A-4
City & State: Lake Worth, FL
Zip: 33467 Country: Palm Beach

4. FEI Number: 65-0861605 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, JOHN E PRES
3100 GREEN TURTLE PL
MARGATE, FL 33063

7. Name and Address of New Registered Agent
Name: Scott, John E. Pres
Street Address (P.O. Box Number is Not Acceptable): 6779 West Calumet Circle
City: Lake Worth FL Zip Code: 33467

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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	SCOTT, JOHN E PRES	
STREET ADDRESS	3100 GREEN TURTLE PL	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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: John Scott — John Scott — 1-15-07 — 954-588-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #