2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000070213

1. Entity Name

PINNACLE POOL CONSTRUCTION, INC.



FILED Apr 27, 2005 08:00 AM Secretary of State

Principal Place of Business

- Mailing Address

6323 JANES LANE NAPLES, FL 34109 6323 JANES LN

-NAPLES, FL 34109



04262005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3594523

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCAVOY, BRIAN V 5551 RIDGEWOOD DRIVE STE 405

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34108 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE U00000337486 04/27/05-80169-015 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. CFFICERS AND DIRECTORS TITLE SU. CHEN TUNG NAME STREET ADDRESS 6822 COMPTON LANE NORTH CITY-ST-ZIP NAPLES, FL 34104 TITLE NAME SU, CHEN K 1150 OAKŞ BLVD STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental foor 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 taskife 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:

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CMY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CMY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/2005 (239) 596-1600 Daytimo Prione *