FILED May 01, 2003 8:00 am § Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UER) P99000109342 DOCUMENT # 05-01-2003 90966 033 ***150.00 1. Entity Name SWIM TEMP, INC. Principal Place of Business Mailing Address 5901 SUN BLVD 5901 SUN BLVD STE 102 **STE 102** SAINT PETERSBURG FL 33715 SAINT PETERSBURG FL 33715 CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3618337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANGLEY, PAM Street 2087 ILLINOIS AVE NE ST. PETERSBURG FL 33703 City' 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 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 TITLE ☐ Delete LANGELY, PAM NAME NAME STREET ADDRÉSS 2087 ILLINOIS AVE NE STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME LANGELY. MARK STREET ADDRESS 2087 ILLINOIS AVE NE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33703 CITY-ST-ZIP TITLE ☐ Detete Addition TITLE ☐ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE [1] Change ☐ 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 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STANDARD TO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/17/03 727-525-2144