
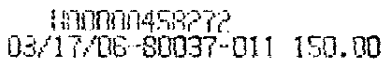


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # V00578 | |  |
| 1. Entity Name PERMA-BUILT POOLS INC. | | |
| Principal Place of Business 2810 HYPOLUXO RD LANTANA, FL 33462 | | Mailing Address 7354 HEATHLY DR LAKE WORTH, FL 33467 |
| DO NOT WRITE IN THIS SPACE | | |
| | |  01152006 No Chg-P CR2E034 (11/05) |
| | | 4. FEI Number 65-0321331 Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent KONDENAR, BRIAN 3780 NW 58TH ST COCONUT CREEK, FL 33073 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KONDENAR, BRIAN 3780 N.W. 58TH ST COCONUT CREEK, FL 33073 |  03/17/06-80037-011 150.00 DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KONDERNAR, ROBERT 7354 HEATHLEY DR LAKE WORTH, FL 33467 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: <u>Brian Kondenar</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>1/17/06</u> Daytime Phone # <u>561-969-0201</u> |