

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08423

**FILED
Apr 20, 2006
Secretary of State**

Entity Name: DESIGNER POOLS & SPAS OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

1047 N SAN MATEO DR
NORTH PORT, FL 34286 US

New Principal Place of Business:

1047 N SAN MATEO DR
NORTH PORT, FL 34288 US

Current Mailing Address:

1047 N SAN MATEO DR
NORTH PORT, FL 34288 US

New Mailing Address:

FEI Number: 65-0306134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOLAKOS, DAVID T.
1047 N SAN MATEO DR
NORTH PORT, FL 34288 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANOLAKOS, DAVID T
Address: 1047 N SAN MATEO DR
City-St-Zip: NORTH PORT, FL 34288

Title: V () Delete
Name: MANOLAKOS, DEBRA
Address: 1047 N SAN MATEO DR
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA L MANOLAKOS

VP

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date