## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V28686

City-St-Zip: STUART, FL 34997

FLAMINGO POOLS INC

FILED Apr 20, 2009 Secretary of State

| Entity Nai  | me: FLAMIII   | NGO POOLS, INC.  |   |  |  |
|---|---------------|--|---|--|--|
| Current P   | rincipal Pla  | ce of Business:  | New Principal Place of                        | New Principal Place of Business:             |  |
| 3400 SE D<br>STUART,  |               | US   |   |  |  |
| Current Mailing Address:  |               |  | New Mailing Address                           | New Mailing Address:                         |  |
| 3400 SE D<br>STUART,  |               | US   |   |  |  |
| FEI Number  | : 65-0330814  | FEI Number Applied For ( )                               | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |               |  |   |  |  |
| 3400 SE D<br>STUART,  | FL 34997      | US   | purpose of changing its registered            | office or registered agent, or both          |  |
|   | e of Florida. | ty submits this statement for the                        | purpose of changing its registered            | office of registered agent, or both,         |  |
| SIGNATU   | RE:           |  |   |  |  |
|   | Electi        | ronic Signature of Registered A                          | gent  | Date   |  |
| Election Car  | mpaign Financ | cing Trust Fund Contribution ( ).                        |   |  |  |
| OFFICERS AND DIRECTORS:   |               |  | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   |               | ( ) Delete<br>KI, ROBERT W<br>AINT LUCIE STREET<br>34997 | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ( ) Addition                        |  |
| Title:<br>Name:<br>Address:   | GRABOWS       | ()Delete<br>(I, KAROL<br>NNT LUCIF STREET                | Title:<br>Name:<br>Address:                   | ) Change ( ) Addition                        |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAROL GRABOWSKI VP 04/20/2009