2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# V28971

Entity Name: ALPINE POOLS & SPAS, INC.

Current Principal Place of Business:

1101 N PAUL DR
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 176
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 59-3116943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EKKER, RAY
1227 LOWELL TERR.
INVERNESS, FL 34452 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: 1 VP ( ) Delete
Name: EKKER, RAY
Address: 1227 LOWELL TER
City-St-Zip: INVERNESS, FL 34452

Title: PRES ( ) Delete
Name: EKKER, GAIL
Address: 1227 LOWELL TER.
City-St-Zip: INVERNESS, FL 34452

Title: SEC ( ) Delete
Name: EKKER, GAIL
Address: 1227 LOWELL TER.
City-St-Zip: INVERNESS, FL 34452

Title: TRES ( ) Delete
Name: EKKER, RAY
Address: 1227 LOWELL TER.
City-St-Zip: INVERNESS, FL 34452

Title: 2 VP ( ) Delete
Name: EKKER, CHAD J
Address: 6560 E. WINGATE ST.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: 2 VP (X) Change ( ) Addition
Name: EKKER, CHAD J
Address: 10335 N. CITRUS SPRINGS BLVD.
City-St-Zip: DUNNELLON, FL 34434

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: RAY EKKER 1VP 04/29/2009

Electronic Signature of Signing Officer or Director Date