


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 009 ***150.00

DOCUMENT # V55648	
1. Entity Name HYDRO SPA PARTS AND ACCESSORIES INC.	

Principal Place of Business 13055-49TH ST. N. CLEARWATER FL 33762 US	Mailing Address 13055 49TH ST. N. CLEARWATER FL 33762 US
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2. Principal Place of Business - No P.O. Box # 6101-45th St N.	3. Mailing Address P.O. Box 4040
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State St. Petersburg FL 33714	City & State MELISSA PARK FL	4. FEI Number 59-3118478	Applied For <input type="checkbox"/> Not Applicable
Zip 33714	Country USA	Zip 33780	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILEY, BRIAN K. 13055-49TH STREET N. CLEARWATER FL 33762		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WILEY, BRIAN K 13055 49TH ST. N CLEARWATER FL 33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PM WILEY, ROBERT M 13055-49TH STREET N. CLEARWATER FL 33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PPD WILEY, CHARLES S 13055-49TH STREET N. CLEARWATER FL 33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6101-45th St N. St. Petersburg FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6101-45th St N. St. Petersburg FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6101-45th St N. St. Petersburg FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **ROBERT WILEY** **3-19-07** **727-560-1441**
Signature and typed or printed name of signing officer or director Date Daytime Phone #