2007 FOR PROFIT CORPORATION

FILED Mar 29, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # V55648 1. Entity Name 03-29-2007 90034 009 ***150.00 HYDRO SPA PARTS AND ACCESSORIES INC. Principal Place of Business Mailing Address 13055 49TH ST. N. CLEARWATER FL 33762 13055-49TH ST. N. CLEARWATER FL 33762 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P. D. BOX 4040 6101-45th St N Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 59-3118478 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILEY, BRIAN K. Street Address (P.O. Box Number is Not Acceptable) 13055-49TH STREET N. **CLEARWATER FL 33762** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PO ш ☐ Delete DILE **Change** ☐ Addition WILEY, BRIAN K NAME 6101 - 45+h St.N. 13055 49TH ST. N STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33762** CITY - ST - ZIP CITY-ST-7IP ШĽ Delele ☐ Addition WILEY, ROBERT M NAME 6101-45+13+ N. 13055-49TH STREET N. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33762 CITY-ST-7IP CITY-ST-7IP THE ☐ Delete TITLE WILEY, CHARLES S NAME МАМ 13055-49TH STREET N. STREET ADORESS STREET ADDRESS CLEARWATER FL 33762 CITY-ST-ZIP CITY-SI-ZIP TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY+S1+ZIP TITLE ☐ Delete TITLE Change ☐ 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 if 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 an other like impowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

☐ Delete

ROBERT WILEY 3-19-07 727-566-149

Change

Addition