2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116314

City-St-Zip:

PLAM COAST, FL 32164

Entity Name: SISTER'S CONSTRUCTION CLEANING, INC.

FILED Apr 30, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|-----------------------------------------------|------------------------------------------------------------------|------------------------------|---------------------------------------------|-------------------------------------------|--|
| 9 HARBOR CENTER DR | | | 16 WOOD CLIFT LN | • | |
| SUITE 15 | | | | PALM COAST,, FL 32164 | |
| PALM CO. | AST,, FL 32164 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | OCLIFT LANE AST,, FL 32164 | | | | |
| FEI Number | r: 37-1477271 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| | HELIANE OCLIFT LANE AST, FL 32164 | US | | | |
| | e named entity sub e of Florida. | omits this statement for the | purpose of changing its register | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electronic | Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financing Tı | ust Fund Contribution (). | | | |
| OFFICER | S AND DIRECTO | RS: | ADDITIONS/CHANG | SES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P () De COSTA, HELIANE 16 WOOD CLIFT L PALM COAST, FL | ANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEC () De COSTA, BRUNA L 16 WOOD CLIFT L PALM COAST, FL | ANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TREA () De COSTA, KENNYA I | - | Title: Name: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: HELIANE COSTA PRES 04/30/2006