2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000093827

2 GIRLS CLEANING INC.



Principal Place of Business

P.O. BOX 238563

PORT ORANGE, FL 32123 US

Mailing Address

P.O. BOX 238563

PORT ORANGE, FL 32123

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90383 003 ***150.00

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02252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3096078 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUCHARD, JULIE 685 REILLYS ROAD PORT ORANGE, FL FL

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE					
Old IVATORIES	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	i Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	TORS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT BOUCHARD, JULIE 685 REILLYS ROAD PORT ORANGE, FL 32127				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HACKMAN, MELISSA 26347 SEIDEL STREET BROOKSVILLE, FL 32127			والمنافض والمنافض المناد المتيت	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR