2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 25, 2008 08:00 A Secretary of State DOCUMENT # F31763 DIEFEL'S CLEAN 'N BRITE, INC. Principal Place of Business Making Address 8245-36TH AVE NORTH 8245-36TH AVE NORTH ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2103829 Not Applicable Ζφ Country 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 Name DIEFEL, RYAN Street Address (P.O. Box Number is Not Acceptable) 8245-36TH AVE NORTH ST PETERSBURG FL 33710 City Zip Code 8. The above named entity submits this statement for the purcose 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 attent. SIGNATURE Signature, typed or misted learne of registered abent and title ill applicable. fROTE. Registrated Agont stylin-fun required when constaling? FILE NOW!!! FEE IS \$150.00 9., Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Ford Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition Defete Chang: DIEFEL, RYAN F NAME STREET ADDRESS 8245-36TH AVE NORTH STREET ADDRESS DITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP H00000797096 VΡ TITLE Derete TITLE 01/29/08-80059-018**□ 5**6900 □ Addison DIEFEL, APRIL M NAME STREET ADDRESS 8245-36TH AVE NORTH STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL 33710 CHY-ST-JIP TITLE Da Da ete Audition THE Change NAME STREET ADDRESC STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TIDE Change Addition 🔲 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-SE ZIE CITY-ST-ZIP TITLE ☐ Change Delete flat 4 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-\$1-ZIP

12. Thereby 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 citied 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.

SIGNAT

FILED