2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99623

FILED Apr 27, 2009 Secretary of State

Entity Name: PROPERTY CARE SPECIALISTS, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|---|--|--|---|
| | RIDA STREET , FL 33594 | US | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | RIDA STREET , FL 33594 | US | | |
| El Number | : 59-2653692 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of C | Current Registered Agent: | Name and Address of | of New Registered Agent: |
| 1311 FOX | CHRISTOPHER BORO DR | ₹F | | |
| | N, FL 33511 | US | | d -600 |
| The above | , | | ourpose of changing its registere | d office or registered agent, or both, |
| The above | e named entity : e of Florida. RE: | submits this statement for the | | ed office or registered agent, or both, |
| The above n the Stat | e named entity : e of Florida. RE: | | | od office or registered agent, or both, Date |
| The above n the Stat SIGNATU | e named entity : e of Florida. RE: Electror | submits this statement for the | | |
| The above n the Stat SIGNATU Election Ca | e named entity : e of Florida. RE: Electror | submits this statement for the nic Signature of Registered Agg | ent | |
| The above n the Stat BIGNATU | e named entity: e of Florida. RE: Electror mpaign Financing S AND DIREC | submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete STOPHER F. O DR | ent | Date |
| The above in the State SIGNATU Election Ca DFFICER Itle: Jame: Jame: Jame: James | e named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC PD () QUEEN, CHRIS 1311 FOXBOR BRANDON, FL | submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution (). TORS: Delete STOPHER F. O DR 33511 Delete EY H. LANE | ent ADDITIONS/CHANGI Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHRISTOPHER QUEEN PD 04/27/2009