2007 LIMITED LIABILITY COMPANY

Feb 27, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L06000017385 02-27-2007 90079 045 ****55.00 1. Entity Name GOOD CLEAN FUN SOAPS, LLC σοστουθ Principal Place of Business Mailing Address 618 NORTH SONORA CIRCLE 618 NORTH SONORA CIRCLE INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 54-2195636 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHELLHORN-SCHUTT, PENNY K Street Address (P.O. Box Number is Not Acceptable) 618 NORTH SONORA CIRCLE INDIALANTIC, FL 32903 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change ☐ Addition TITLE ☐ Delete SHELLHORN-SCHUTT, PENNY K NAME NAME STREET ADDRESS 618 NORTH SONORA CIRCLE STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32903 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change ■ Addition SCHUTT, RODNEY V NAME NAME 618 NORTH SONORA CIRCLE STREET ADDRESS STREET ADDRESS INDIALANTIC, FL 32903 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee simple wered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

FILED