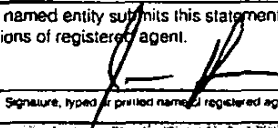
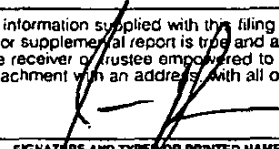


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L70856 1. Entity Name AMERICA CLEANING SERVICE, INC.						FILED 05-01-2006 90313 036 ***163.75 06 JUN -5 AM 9:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 129 KELLER DRIVE PALM SPRINGS FL 33461 US				Mailing Address 129 KELLER DRIVE PALM SPRINGS FL 33461 US			
2. Principal Place of Business 5058 CANAL CIRCLE EAST Suite, Apt. #, etc.				3. Mailing Address 5058 CANAL CIRCLE EAST Suite, Apt. #, etc.			
City & State LAKE WORTH, FL.				City & State LAKE WORTH, FL.			
Zip 33467		Country U.S.A.		Zip 33467		Country U.S.A.	
4. FEI Number 65-0188867				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMAN, JOSE 129 KELLER DRIVE PALM SPRINGS FL 33461				7. Name and Address of New Registered Agent Name JOSE ROMAN Street Address (P.O. Box Number is Not Acceptable) 5058 CANAL CIRCLE EAST City LAKE WORTH FL Zip Code 33467			
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. JOSE ROMAN (NOTE: Registered Agent signature required when translating)			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN, JOSE 129 KELLER DRIVE PALM SPRINGS FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition JOSE ROMAN 5058 CANAL CIRCLE EAST. LAKE WORTH, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby 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 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: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE ROMAN			
Date 4/21/06				Daytime Phone #			