2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 10, 2005 08:00 AM **DOCUMENT # P00000026211 Secretary of State** 1. Entity Name BRIAN PURKEY CLEANING SERVICES, INC. Mailing Address Principal Place of Business ____ . . . 917 SW FIRESTONE AVE. 917 SW FIRESTONE AVE. PT. ST. LUCIE, FL 34953 PT. ST. LUCIE, FL 34953 CR2E034 (10/03) 01042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0988308 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PURKEY, BRIAN E DO NOT WRITE 917 SW FIRESTONE AVE. PT, ST. LUCIE, FL 34953 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PTD PURKEY, BRIAN E NAME STREET ADDRESS 917 SW FIRESTONE AVE. U0000017695S CITY-ST-ZIP PT. ST. LUCIE, FL 34953 01/11/05-80017-018 150.00 VS TITLE PURKEY, CHERYL B NAME STREET ADDRESS 917 SW FIRESTONE AVE. CITY-ST-ZIP PT. ST. LUCIE, FL 34953 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 truthee 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 a graddress, with all other like empowered.

NG OFFICER OR DIRE

FILED