2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CTTY-ST-Z3P

SIGNATURE:

FILED Jul 10, 2007 08:00 AM DOCUMENT # P00000034621 **Secretary of State** HOUSECLEANING BY DARIEN, INC. Principal Place of Business Mailing Address 7573 BRIAR CLIFF CIRCLE 7573 BRIAR CLIFF CIRCLE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 07032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1005839 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENSEN, DARIEN DO NOT WRITE 7573 BRIAR CLIFF CIRCLE LAKE WORTH, FL 33467 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. U00000768095 07/10/07-80031-023 150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when minetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS MLE D JENSEN, DARIEN NAME STREET ADDRESS 7573 BRIAR CLIFF CIRCLE CATY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS CITY-ST-ZIP 333 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP mu NAME

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR