2006 FOR PROFIT CORPORATION

FILED May 26, 2006 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P00000042305 05-26-2006 90015 003 ***150.00 1. Entity Name OUTER LIMITS MOBILE DETAILING INC. Mailing Address Principal Place of Business 313 WEST 5TH STREET PO BOX 128 50019776 APOPKA, FL 32704 APOPKA, FL 32703 2. Principal Place of Business 605 Falling Acom Cir Suite, Apt. #, etc 05232006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3639926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHATMAN, SHELDRY Street Address (P.O. Box Number is Not Acceptable) 1801 E COLONIAL DR. STE. #107 ORLANDO, FL 32803 Falling 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE V. Pres PD TITLE □ Change Addition ☐ Delete CHATMAN, SHELDRY NAME NAME 4605 Falling Acorn Gr Lake Many, FL 32746 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Pres ☐ Change ☐ Addition TITLE CHATMAN DARLINE NAME NAME 4605 Falling Acom Cir. STREET ADDRESS STREET ADDRESS Lake Mary, FL 32741 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 instee 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 OF DIRECTOR Daytime Phone #

ATTACHMENT 50019776

5/23/2006

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,

This letter is to inform you that OUTER LIMITS MOBILE DETAILING, INC.. has relocated the named Corporation did not receive the notice to send \$150 for Annual Corporate Reports. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said year. He here are any questions you can contact me at (407)297-3700. Document #P00000042305. Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Barbara J. Adams
Shelly Chalmen