
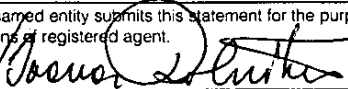
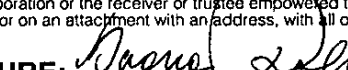


**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

[illegible]

|   |                                 |   |   |   |  |
|---|---------------------------------|---|---|---|--|
| <b>DOCUMENT # P00000065608</b>  |                                 |    |   | 04-14-2005 90083 049 ***150.00  |  |
| 1. Entity Name<br><b>EUROPEAN FAMILY CLEANING SERVICE INC.</b>  |                                 |   |   |   |  |
| Principal Place of Business<br><b>2207 CORFELL STREET<br/>PORT CHARLOTTE, FL 33948</b>  |                                 | Mailing Address<br><b>2207 CORFELL STREET<br/>PORT CHARLOTTE, FL 33948</b>          |   |   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                                 | City & State  |   |   |  |
| Zip   | Country                         | Zip   | Country   | 4. FEI Number<br><b>65-1020713</b>  |  |
|   |                                 |   |   | Applied For<br>Not Applicable   |  |
|   |                                 |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |                                 |   |   | 7. Name and Address of New Registered Agent   |  |
| <b>ROLNIK, KAREL</b><br><b>2207 CORFELL STREET</b><br><b>PORT CHARLOTTE, FL 33948</b>   |                                 |   |   | Name<br><b>IVANA ROLNIKOVA</b>  |  |
|   |                                 |   |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>2207 CORFELL ST.</b>                   |  |
|   |                                 |   |   | City<br><b>PORT CHARLOTTE FL</b>  |  |
|   |                                 |   |   | Zip Code<br><b>33948</b>  |  |
| 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<br>  |                                 | <b>IVANA ROLNIKOVA</b><br><b>REG. AGENT</b>   |   | <b>4/09/05</b><br>DATE  |  |
| Signature, typed or printed name of registered agent and title if applicable.   |                                 | (NOTE: Registered Agent signature required when reinstating)                        |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE   | P                               | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | <b>ROLNIK, KAREL</b>            |   | NAME  |   |  |
| STREET ADDRESS  | <b>2207 CORFELL STREET</b>      |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>PORT CHARLOTTE, FL 33948</b> |   | CITY-ST-ZIP   |   |  |
| TITLE   | VPS                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | <b>ROLNIKOVA, IVANA</b>         |   | NAME  |   |  |
| STREET ADDRESS  | <b>2207 CORFELL STREET</b>      |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>PORT CHARLOTTE, FL 33948</b> |   | CITY-ST-ZIP   |   |  |
| TITLE   |                                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |   | NAME  |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP   |   |  |
| TITLE   |                                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |   | NAME  |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP   |   |  |
| TITLE   |                                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |   | NAME  |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP   |   |  |
| TITLE   |                                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |   | NAME  |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing 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 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:   |                                 | <b>IVANA ROLNIKOVA</b><br><b>PRES.</b>  |   | <b>4/09/05</b><br>Date  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |   |   | Daytime Phone # <b>941-627-6579</b>   |  |