

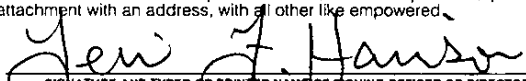


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

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DOCUMENT # P01000023473						Secretary of State		
1. Entity Name TOP NOTCH CLEANING & ERRAND SERVICES, INC.						04-30-2007 90861 027 ***150.00		
Principal Place of Business 2803 SE OAK DRIVE ARCADIA, FL 34266			Mailing Address 2803 SE OAK DRIVE ARCADIA, FL 34266			-0030348		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272007 Chg-P CR2E034 (12/06)		
City & State			City & State			4. FEI Number 65-1085184		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HARRISON, TERRI F 2803 SE OAK DRIVE ARCADIA, FL 34266				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$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	D HARRISON, TERRI F 2803 SE OAK DRIVE ARCADIA, FL 34266 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: 				4-27-07 (863) 990-2244				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				