

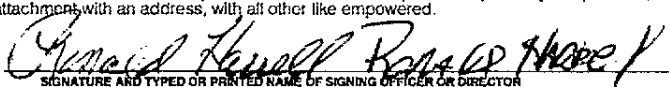


FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000025589 1. Entity Name MOONLIGHTING CLEANING SERVICE, INC.				May 02, 2005 08:00 A Secretary of State	
Principal Place of Business 2405 EVERETT STREET LAKELAND, FL 33801-2633		Mailing Address 2405 EVERETT STREET LAKELAND, FL 33801-2633			
DO NOT WRITE IN THIS SPACE					
				04212005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 59-3704691	
				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUBERDA, DOROTHY J 1401 MICHIGAN AVE. SAINT CLOUD, FL 34769				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees U000000351964 05/03/05-80009-007 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PSTD HARRELL, RONALD W 2405 EVERETT STREET LAKELAND, FL 338012633			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
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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: 		04/30/05 813-626-5567			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			