

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032175

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THOROUGHLY SPOTLESS HOME CARE SERVICES INC.

**Current Principal Place of Business:**

23004 SANDALFOOT PLAZA DR  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 273728  
BOCA RATON, FL 334273728

**New Mailing Address:**

**FEI Number:** 20-8932743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAULVIN, KETTELY J  
11214 CORAL KEY DR  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FAUSTIN, DOMINIQUE P  
Address: 636 NW 13TH STREET APT #28  
City-St-Zip: BOCA RATON, FL 33486

Title: VPT ( ) Delete  
Name: JOCELYN, CLAUDIA P  
Address: 11214 CORAL KEY DR  
City-St-Zip: BOCA RATON, FL 33498

Title: SD ( ) Delete  
Name: PAULVIN, KETTELY J  
Address: 11214 CORAL KEY DR  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: PAULVIN, KETTELY J  
Address: 11214 CORAL KEY DR  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CLAUDIA P JOCELYN

VPT

04/30/2007

Electronic Signature of Signing Officer or Director

Date