2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 27, 2008 08:00 AN **DOCUMENT # P01000077587** Secretary of State A-1 TOTAL CLEANING SERVICES, INC. Principal Place of Business Mailing Address 9835-16 LAKE WORTH ROAD PMB #133 9835-16 LAKE WORTH ROAD PMB #133 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 02252008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1128898 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANGEL, MARNI DO NOT WRITE 8942 CLUB ESTATES WAY LAKE WORTH, FL 33467 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent cignature regulard when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MANGEL, JARRETT 8942 CLUB ESTATES WAY STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-7IP U00000840751 03/07/08-80004-025 150.00 TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAMÈ STREET ADDRESS CITY-ST-ZIP