2007 FOR PROFIT CORPORATION

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2007 90096 013 ***150.00 DOCUMENT # P01000089928 A PLUS CLEANING CONCEPTS, INC. 40100964 Principal Place of Business Mailing Address 4116 72ND AVE EAST 4116 72ND AVE EAST SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8753 Monterey 8753 MonteReu Suite, Apt. #, etc 02022007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Drageni a Denton 65-1138284 Not Applicable Country 3421<u>2</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBER, ROBERT A JR 4116 72ND AVE EAST SARASOTA, FL 34243 DUADENTON 82: 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ьġ 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change D TITLE ☐ Addition TITLE ☐ Delete NAME WEBER, LINDA S NAME 753 Monterey STREET ADDRESS STREET ADDRESS **4116 72ND AVE EAST** SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-7tP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED