FILED FOR PROFIT CORPORATION Aug 18, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DO@UMENT# P01000094489 08-18-2002 90128 035 ***150.00 1. Entity Name Last Call Pressure Cleaning, Inc. 974816 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 9049 N.W. 55th Court 9049 N.W. 55th Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Sunrise, Florida 65-1146288 Sunrise, Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33351 Broward 33351 Broward Fee Required 7. Name and Address of Current Registered Agent Michael T. Hall DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 9049 N.W. 55th Court IN THIS SPACE City Sunrise 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE President NAME Michael T. Hall STREET ADDRESS STREET ADDRESS 9049 N.W. 55th Court CITY-ST-ZIP CITY-ST-ZIP Sunrise, Florida 33351 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZiP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

13. 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 11 or on an attachment with an address, with all other

THEF

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachnere 0#1000094489 974816

Division Of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

I am writing this letter on behalf of a new client, Last Call Pressure Cleaning, Inc. (#65-1146288), who never received an initial annual report.

Upon realizing this fact, when they were referred to me, a dupl-icate copy was requested and filed when received.

After some time, due to inadvertently addressing the return enevolpe in error, the report was returned to my client.

We were advised, upon contacting your office, to resummit the initial one hundred and fifty dollar payment along with the second copy received.

We respectfully request that this payment be accepted, and Last Call Pressure Cleaning, Inc. remain an active corporation in the state of Florida.

Thank you very much for your kind consideration.

Sincerely yours,

Joseph H. Friedman

Tax Accountant

Jame H. Funta