2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mar 06, 2006 08:00 AM DOCUMENT # P02000003983 **Secretary of State** KEN'S MOBILE DETAILING INC Mailing Address Principal Place of Business 1810 SOUTH 27TH STREET FT. PIERCE FL 34947 1810 SOUTH 27TH STREET FT. PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite. Api. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 02-0536106 Not Applicat Zin Zip Country Country \$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 Name MITTLER, KENNETH J 1810 SOUTH 27TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34947 Zip Code 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, typed or particularities of registered agent and fitte if applicable (NOTE: Registered Agent singulative required when revisiblish) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Do After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE _____aaan. Change NAME MITTLER, KENNETH J NAME STREET ADDRESS 1810 SOUTH 27TH STREET STREET ADDRESS U00000457700 CHY-SI-ZIP CARY-ST-218 FT. PIERCE FL 34947 7/06-80015-008 (50.00 TITLE Delete TILL ☐ Change Addition MAME DAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Change $\eta n t$ ☐ Defeto TITLE Addition MAM NAME STREET ADDRESS STREET ADDRESS CCTY - ST- 70P CHY-ST-Z# TITLE Defete TITLE ☐ Change Addition 🔲 NAME STREET ADDRESS SZERDON TEERIS CHY-SI-ZIP CifY-SI-787 TITLE ☐ Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ACCURESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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

3/06

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