2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 8:00 am Secretary of State

PROCESS FLOWERS \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 2. Findingse Place of Business \$105 PATTY LANE MMS, FL 32754 3. Making Address \$105 PATTY LANE	DOCUMENT # P02000011234 1. Entity Name KIM'S CLEANING SERVICE INC			03-14-2008 90029 027 ***150.00		
2. Prescripe Place of Business - No P C) Box # 3. Malling Actions	Principal Plac	e of Business	Mailing Address		<u> </u>	
MMS, FL 32754			~		• •	
2. Pinciper Place of Business - No. P.C. Box # 3. Making Activess Suite, Apil, #, etc. 01212008 Chg. P. CR2E034 (12106) Cr2	- · · · · · · · · · · · · · · · · · · ·					
Salite ApJ # etc. Sali	,					
Salite ApJ # etc. Sali	2 Dringing D	loop of Business - No B.O. Boy 4	2 Mailing Address			
Cay & State	Z. rimcipar	idde of Business - No F.C. bux #	3. Mailing Address			
City & State	Suite, Apt.	#. etc.	Suite, Apt. #, etc.		04242009 Cha B CD2F024 (42/05)	
Country		~	<u> </u>		01212008 ÇIIG-P _ CH2E034 (1206)	
Country Zo	City & State	e	City & State			
S. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. If an turnifier with, and accept the obligations of set beared agent. SIGNATURE **TOLSON, JOHN 400 ORANGE STREET TITUSVILLE, FL 32796 City TITUSVILLE, FL 32796 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. If an turnifier with, and accept the obligations of set beared agent. **TOLSON, JOHN 400 ORANGE STREET TITUSVILLE, FL 32796 **Color of the child of the ch	Zip	Country	Zip	Country	_ \$9.75 Additional	
Note	,				Fee Required	
TOLSON, JOHN 400 ORANGE STREET TITUSVILLE, FL 32796		6. Name and Address of Curren	t Registered Agent	fdama	- ** * * * * * * * * * * * * * * * * *	
### 400 ORANGE STREET ### 1TTUSVILLE, FL 32796 A The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the obligations of the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the purpose of changing its registered agent, or born, in the State of Florida. I am tamiliar with, and accept the purpose of Change of Florida. I am tamiliar with, and accept the purpose of Change of Florida. I am tami	VENUTI, L	OUIS		T	OLSON, JOHN	
TITUSVILLE, FL 32796 City City City Ci	400 ORANGE STREET			Street Add	OO ODANGE CERSET	
8. The above named analy submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of reflections of reflections. FILE NOW!! FEET IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAKE SINKEL AGRISS OF ACTIVE LANE MIMS, FL 32754 UP Delea INITIAL MAKE SIRREL AGRISS OFFICERS AND DIRECTORS IN 11 INITIAL MAKE SIR	TITUSVILL	.E, FL 32796		1		
8. The above named analy submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of reflections of reflections. FILE NOW!! FEET IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAKE SINKEL AGRISS OF ACTIVE LANE MIMS, FL 32754 UP Delea INITIAL MAKE SIRREL AGRISS OFFICERS AND DIRECTORS IN 11 INITIAL MAKE SIR				Т.	ITUSVILLE, FL 32796	
SIGNATURE STATE Control Contr				City	:de	
ARE	the obligations of recovered agent. SIGNATURE					
TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	FILE MOMM FEE 13 \$ 130.00				\$5:00 May Be Added to Fees	
NAME SIREE ADDRESS CITY-ST-ZP HAMILTON, KIM D SIREE ADDRESS CITY-ST-ZP HAMILTON, KEVIN SIREE ADDRESS CITY-ST-ZP HAMILTON, KEVIN SIREE ADDRESS CITY-ST-ZP TITLE NAME SIREE ADDRESS CITY-ST-ZP TI	10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRES		ļ [*]	☐ Delete	5 ·	☐ Change ☐ Addit	
CITY-SI-ZIP MIMS, FL 32754 CITY-SI-ZIP TITLE MAME STREET ADDRESS CITY-SI-ZIP	_	!				
HILE NAME NAME SIRETADORESS CITY-ST-ZIP TITLE NAME SIRETADORESS CI						
NAME STREET ADDRESS STOEP ADDRESS STREET ADDRESS	THE		□ Deloto	THIE		
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP		HAMILTON, KEVIN	_ bololo			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	CITY-ST-2IP	MIMS, FL 32754		CITY-ST-Z-P		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		☐ Change ☐ Addin	
CITY-ST-ZIP						
NAME STREET ADDRESS CHY-S1-ZIP STREET ADDRESS STREET ADDRESS CHY-S1-ZIP STREET ADD	ŧ .				•	
NAME STREET ADDRESS CHY-S1-ZIP STREET ADDRESS STREET ADDRESS CHY-S1-ZIP STREET ADD	TITLE		□ Delete	TITLE	☐ Channe ☐ Addii	
CHY-ST-ZIP						
ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CHY-SI-AP		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-			☐ Delete		☐ Change ☐ Addir	
C Y-S -Z P						
IIILE Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete		☐ Change ☐ Addir	
CITY-ST-ZIP CITY-ST-ZIP			had Gritoria			
	l .					
				L		

I hereby certify that the information supplied with this filling does not qualify for the examptions 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 cath, 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 addless with all other like empowered.

GNATURE:

311108
321-267-5489 3111/08

Kin DALLAS HAMILTON