2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

May 05, 2006 8:00 am Secretary of State DOCUMENT # P02000017299 1. Entity Name 05-05-2006 90189 018 ***150.00 #1 NUMBER ONE CLEANING SERVICE, INC Mailing Address Principal Place of Business 8695 COLLEGE PKWY #322 8695 COLLEGE PKWY #322 FT MYERS FL 33919 FT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business 24344 GOLDEN GAGLE LANE 24344 GOLDEN GAGLE CANE 1st MOORE CR2E034 (10/05) Applied For BONITA SPRINGS, EL City & State 4. FEI Number 02-0551246 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAHER, STEVE 8695 COLLEGE PKWY #322 FT MYERS FL 33919 **Gest** | City Bowth Spunds | FL | Zin Code 3 1 | Spunds | FL | Zin Code 3 1 | Spunds | FL | Zin Code 3 1 | Spunds | Spunds | FL | Zin Code 3 1 | Spunds | the obligations of registered agent. RESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and little it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE DP TITLE ☐ Defete MAHER, STEUE P NAME NAME MAHER, STEVE P 24344 GOLDEN EAGLE LANG NOW MODRESS STREET ADDRESS 8695 COLLEGE PKWY STREET ADDRESS only Bowitz SPRINGS, EL 3413 CITY-ST-7IP CITY-ST-ZIP FT MYERS FL 33919 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Beieic 1411 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Chance Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE IIIIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

FILED