2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P02000030678** 1. Entity Name COMPLETE CLEANING SERVICE, INC. Principal Place of Business Mailing Address **3761 FRINGETREE LANE 3761 FRINGETREE LANE** MELBOURNE, FL 32940 MELBOURNE, FL 32940 04262007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0644512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATSON, ERIKA DO NOT WRITE 3761 FRINGETREE LANE MELBOURNE, FL 32940 IN THIS SPACE 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. U00000748281 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 05/17/07-800**%3-**016

After Ma	ay 1, 2007	Fee	will be	\$550.00	
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10.			OFFICE	RS AND DIRE	СТО

FILE NOW!!! FEE 18 \$150.00

9. Election Campaign Financing Trust Fund Contribution. . . \$5.00 May Be Added to Fees

TITLE BATSON, SCOTT NAME STREET ADDRESS 3761 FRINGETREE LANE MELBOURNE, FL 32940 CITY-ST-ZIP TITLE NAME BATSON, ERIKA 3761 FRINGETREE LANE STREET ADDRESS CITY-ST-7IP MELBOURNE, FL 32940 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 any apprecia, with all other we empowered.

SIGNATURE:

CITY-ST-ZIP.

TITLE .

NAME .

STREET ADDRESS .

CITY-ST-ZIP

WIND SOLL ME LINE BALSS

4/20/07 321-254-6825