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Jul 16, 2004 8:00 am
Secretary of State
04-07-2004 90031 050 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000125838

1. Entity Name
PROFESSIONAL HOUSEKEEPING SERVICES, INC.

66430018

Principal Place of Business	Mailing Address
822 GRAND REGENCY POINTE #205 ALTAMONTE SPRINGS, FL 32714	822 GRAND REGENCY POINTE #205 ALTAMONTE SPRINGS, FL 32714

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 801 S.R. 436 # 1029	3. Mailing Address: 4376 Lake Underhill Rd Apt C
Suite, Apt. #, etc.	Suite, Apt. # etc.: Apt C
City & State: Altamonte Springs, FL	City & State: Orlando, FL
Zip: 32714 Country:	Zip: 32803 Country: USA

4. FEI Number: 06-1663700 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, LISA 822 GRAND REGENCY POINTE #205 ALTAMONTE SPRINGS, FL 32714	Name: Lisa Anderson Street Address (P.O. Box Number is Not Acceptable): 4376 Lake Underhill Rd #C City: Orlando, FL FL 32808

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	PST ☒ Change ☐ Addition
NAME	ANDERSON, LISA	NAME	Lisa Anderson
STREET ADDRESS	822 GRAND REGENCY POINTE #205	STREET ADDRESS	4376 Lake Underhill Rd Apt C
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Orlando, FL 32803
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Lisa Anderson 4/02/04 407448-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #