2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P03000012286 DRY IMAGE CARPET CLEANING, INC. Mailing Address Principal Place of Business 13777 GERANIUM PLACE 13777 GERANIUM PLACE WELLINGTON, FL 33414 WELLINGTON, FL 33414 04182005 No Cha-P CR2E034 (10/03) Applied For 4. FE! Number 27-0046036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, GLENN 13777 GERANIUM PLACE WELLINGTON, FL 33414 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 Soriability, upod or printed fiams of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000334535 27,705-80047-017 10. OFFICERS AND DIRECTORS TITLE NAME NELSON, GLENN 13777 GERANIUM PLACE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 15 41 S062 (168 97) 90 1 00-1/MITTERN 10 至390 NAME THE TOTAL STREET ADDRESS 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #