2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 03, 2006 8:00 am Secretary of State DOCUMENT # P03000028919 1. Entity Name 05-03-2006 90204 007 ***150.00 YSK JANITORIAL SERVICES, INC. Principal Place of Business Mailing Address 3322 S. SEMORAN BLVD. 3322 S. SEMORAN BLVD. ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address 4708 Fort Bravo 4708 Fort Bravo Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For FL 92-0193273 Orlando Not Applicable Orlando Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kim Young 400 n. KIM, YOUNG SOON Street Address (P.O. Box Number is Not Acceptable) 3322 S. SEMORAN BLVD. APT. 6 4708 Fort Bravo 4 ORLANDO FL 32822 Orlando 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 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 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE DSD ☐ Addition ☐ Delete Kim Young soon NAME KIM, YOUNG SOON NAME 4708 Fort Bravo Ct STREET ADDRESS STREET ADORESS 3322 S. SEMORAN BLVD. APT. 6 CITY-ST-ZIP Orlando FL 32622 CITY-ST-ZIP ORLANDO FL 32822 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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

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