## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90174 041 \*\*\*150.00

| DOCUMENT # P03000032917  1. Entity Name TONS OF SUDS MOBILE CAR WASH, INC.   |  |  |   |  |                         |  | 05-02-2006   | 90174 04  | 11 ***150  | ).00   |
|--|--|--|---|--|-------------------------|--|--|---|--|--|
| Principal Place of Business Mailing Address 902 HOOD ST NW 902 HOOD ST NW PALM BAY, FL 32907 PALM BAY, FL 32907  |  |  |   |  |                         | I (RWI)WH I  | , , , , , , , , , , , , , , , , , , ,                              | sein baibe inte                                   | 1818 18181 NBM CO                                | #1881 (( SE#1)                               |
| Principal Place of Business     2175 Canopy Dr.  |  |  | 3. Mailing Address<br>2175 Canopy Dr.   |  |                         |  |  |   |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |                         | 04262006   | Chg-P  | CR2E(   | 34 (11/05)                                       |  |
| City & State<br>Melbourne, FL  |  |  | City & State<br>Melbourne, FL   |  | 4. FEI Numb             |  |  | N   | oplied For<br>ot Applicable                      |  |
| Zip<br>32935   |  | 1 1 1  |   | Count<br>Bre   | ry<br>evard             | 5. Certificate of Status Desired                           |  |   | \$8.75 Additional<br>Fee Required                |  |
|  | 6. Name  | and Address of Curre   | ent Registered Agent  |  | Name                    |  | 1 Address of New   | Registered  | Agent  |  |
| BARNARD, LINDA<br>902 HOOD ST NW<br>PALM BAY, FL 32907   |  |  |   |  | 2175 Canop              | (P.O. Box Numb<br>by Dr.                                   | er is Not Acceptat   | ole)  |  |  |
|  |  | <i></i>  |   |  | City<br>Melbourn        | ne   |  | FL  | Zip Cod  | 32935  |
| 8. The above   | e named established  | submits the statement<br>ared agent  | for the purpose of openging it  | s registere  | d office or registe     | red agent, or bo   | oth, in the State of i   | Porida. Ism                                       | lamile with,                                     | and accept                                   |
| SIGNATURE.   | Min  |  | - L   | Ry   | an Barnaro              | d, Reg. Ag   | jent   | 04/26/0   | 6  |  |
|  | Carresting types   | or paniso name of registered ac  | geril and lifte II scoficable. (AC)   | TE: Registered   | Agest digrature require | d when introducing)  |  | DATE  |  |  |
|  |  | FEE IS \$150.00<br>5 Fee will be \$55  | 9, Election Campa<br>0.00 Trust Fund Con  |  |                         | i.00 May Be<br>ded to Fees                                 |  |   |  |  |
| 10.  | D  | OFFICERS A   | ND DIRECTORS  | 11.  | <u> </u>                |  | CHANGES TO OF  | FICERS AND  | DIRECTOR Change                                  |  |
| TITLE<br>HALLE   | D Delete BARNARD, RYAN   |  |   | TITLE<br>NAME  | DF                      | ST<br>nard, Ryan   |  |   | MT cuaude  | Addition                                     |
| STREET ADDRESS   | STREET ADDRESS 902 HOOD ST NW<br>CITY-ST-ZP PALM BAY, FL 32907             |  |   |  | TADORESS 217            | 5 Canopy D   |  |   |  |  |
| TITLE  | DSPT   | 1,FL 32807   | □ Delete  | TITLE  | 1,110                   | lbourne, FL 3  | 2935   |   | Z Change   | ☐ Addition                                   |
| HAVE   | BARNARO  | •  |   | NAME   | Bar                     | nard, Linda  |  |   |  |  |
| STREET ADORESS CITY-ST-20P   | S 902 HOOD ST NW<br>PALM BAY, FL 32907                                     |  |   | 277000   |                         | 2175 Canopy Dr.<br>Melbourne, FL 32935                     |  |   |  |  |
| TITLE  | T / LUN DIT  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | ☐ Delete  | TITLE  | ·                       | ibodine, i E c   |  |   | Change   | Addition                                     |
| HAME<br>STREET ADDRESS<br>CITY-ST-ZEP  |  |  |   | - / - / - /  | T ADDRESS<br>ST-ZIP     |  |  |   |  |  |
| ITILE  |  |  | ☐ Delete  | TITLE  |                         |  |  | Sa-   | ☐ Change   | ☐ Addition                                   |
| NAME<br>STREET ADDRESS   |  |  |   | name<br>Stree  | T ADDRESS               |  |  |   | ∳  |  |
| CITY-ST-ZIP  |  |  | <del></del>   | слу-   | ST-21P                  |  |  |   |  | ,  |
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| STREET ADDRESS   |  |  |   |  | T ADDRESS               |  |  |   |  |  |
| CITY-ST-ZIP  | ļ <u> </u>   |  |   | спу-   | ST-ZIP                  |  |  | ····  |  |  |
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| CITY-ST-ZIP  | 1  |  |   | CITY-  | SI-ZIP I                |  |  |   |  |  |
|  | mo miles 45 -4 42 -  | information = E  | with this filling does and our U.S. I   | or the eve   |                         | t in Chapter 440   | 3 Florido Canada   | I further as-                                     | the street than I-                               |  |
| Indicated of the country of the coun | certify that the<br>i on this repor<br>rporation of th<br>i, or on an atta | information Supplied vitor supplied vitor supplier lental repose received or trustee erachment with an address | with this filing does not qualify the strue and accurate and that impossing to execute this report is with all other like empowered | or the exemple of the |                         | d in Chapter 119<br>same legal effec<br>7, Florida Statute | ), Florida Statutes.<br>of as if made under<br>es; and that my nar | I further cert<br>roath; that I a<br>me appears t | ify that the in<br>am an officer<br>n Block 10 o | nformation<br>or director .<br>r Block 11 if |