2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 AN Secretary of State DOCUMENT # P03000038214 1. Entity Name IRMA'S CLEANING SERVICE, INC. Principal Place of Business Mailing Address 28 FAIRWAY CT 28 FAIRWAY CT DELAND, FL 32724 DELAND, FL 32724 03022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3752719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TURK, IRMA 28 FAIRWAY CT DELAND, FL 32724 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. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE U00000891577 TURK, IRMA 23/08-80031-002 150.00 STREET ADDRESS 28 FAIRWAY CT. CITY-ST-ZIP DELAND, FL 32724 DPST TURK, IRMA STREET ADDRESS PO BOX 424 CITY-\$T-ZIP DELAND, FL 32721 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 an address, with all other like empowered.

ER OR DIRECTOR

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

4-8-08

386-738.5785