2008 FOR PROFIT CORPORATION

Mar 07, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P03000053031** 1. Entity Name WESTWOOD INTERIOR CLEANING OF SW FL, INC. Principal Place of Business Mailing Address 6017 PINE RIDGE ROAD 6017 PINE RIDGE ROAD #175 #175 NAPLES, FL 34119 US NAPLES, FL 34119 US 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0182049 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LOLLY, RYAN E 6017 PINE RIDGE ROAD IN THIS SPACE #175 NAPLES, FL 34119 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Electron Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees The state of the s OFFICERS AND DIRECTORS 10. LOLLY, RYAN E NAME 6017 PINE RIDGE ROAD #175 STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP TITLE - 03/25/08-80005-024 -150:00 NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 truefee impowered 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 ike empowered.

NAME STREET ADDRESS CITY-ST-ZIP -

MATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S13108

FILED