


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90309 013 ***158.75

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| DOCUMENT # P03000100072 |  |
| 1. Entity Name BLESSED HANDS AUTO DETAILING, INC. | |

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| Principal Place of Business 822 GRAND REGENCY PINT #100 ALTAMONTE SPRINGS, FL 32714 | Mailing Address 822 GRAND REGENCY PINT #100 ALTAMONTE SPRINGS, FL 32714 |
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| 2. Principal Place of Business 822 Grand Regency Pointe #28-100 Suite, Apt. #, etc. City & State Altamonte Springs FL Zip 32714 Country US | 3. Mailing Address 822 Grand Regency Pointe #28-100 Suite, Apt. #, etc. City & State Altamonte Springs FL Zip 32714 Country US |
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04062004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 56-2391136 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LINDO, SHAWN 708 INLAND SEAS BLVD WINTER GARDEN, FL 34787 | 7. Name and Address of New Registered Agent Name Shawn Lindo Street Address (P.O. Box Number is Not Acceptable) 822 Grand Regency Pointe # 28-100 City Altamonte Springs FL Zip Code 32714 |
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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 Shawn A. Lindo **Shawn A. Lindo** **4/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINDO, SHAWN 708 INLAND SEAS BLVD WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREEN, ELTON 708 INLAND SEAS BLVD WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GREEN, SHANDREKA 708 INLAND SEAS BLVD WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: Shawn A. Lindo **Shawn A. Lindo** **4/6/04** **407-290-5780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #