2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000126468

ALICE'S CLEANING SERVICES, INC.



FILED Mar 07, 2008 08:00 A Secretary of State

Principal Place of Business

102 WILD HORSE DR. CRESTVIEW, FL 32536 Mailing Address

102 WILD HORSE DR. CRESTVIEW, FL 32536



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02242008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0406198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

| 6. | Name and Address | of Current Register | ed Agent |
|----|------------------|---------------------|----------|

BROWNING, ALICE A 102 WILDHORSE DR CRESTVIEW, FL 32536

SIGNATURE:

LICE BROWNING

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the prions of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
|--|---|--|-----------------|--------------------------------|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if | applicable (NOT), Registered | Agent signature | a required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finant Trust Fund Contribution. | onig | \$5.00 May Bo Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | · · · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S BROWNING, ALICE A 102 WILDHORSE DR. CRESTVIEW. FL 32536 | | | | 000000850882 03/25/08-80016-007 150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
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| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | | | |
| 12. Thereby certify that the information supplied with this filling 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. | | | | | | |