2006 FOR PROFIT CORPORATION

FILED Apr 03, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000126529 BILL HOWARD CLEANING INC. Mailing Address Principal Place of Business **6831 BASS HIGHWAY** 6831 BASS HIGHWAY ST. CLOUD, FL 34771 US ST. CLOUD, FL 34771 US No Chg-P CR2E034 (11/05) 02132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0365413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWARD, BILL DO NOT WRITE 6831 BASS HIGHWAY ST. CLOUD, FL 34771 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 DΡ TITLE HOWARD, BILL NAME STREET ADDRESS 6831 BASS HIGHWAY ST. CLOUD, FL 34771 CITY-ST-ZIP 000000488440 TITLE 04/17/06-80007-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TUTLE NAME STREET ADDRESS DO NOT WRITE enty-st-en TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I lumber 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.

MAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: