2005 FOR PROFIT CORPORATION

Feb 21, 2005 8:00 am Secretary of State **ANNUAL REPORT** 02-21-2005 90071 033 ***150.00 DOCUMENT # P03000132452 ISLAND CLEANERS, INC. 40010110 Principal Place of Business Mailing Address C/O ROBERT D. ROYSTON JR., ESQ. 2445 PERIWINKLE WAY POST OFFICE DRAWER 60205 SANIBEL, FL 33957 FORT MYERS, FL 33906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 81-0637268 Not Applicable _Country ____ \$8.75 Additional 5.-Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROYSTON, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BOULEVARD SUITE 101 FORT MYERS, FL 33907 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Addition Change NAME VANAMAN, TIMOTHY P NAME STREET ADDRESS 21 CANTON AVENUE STREET ADDRESS LEHIGH ACRES, FL 33972 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition VANAMAN, DEBRA L NAME NAME STREET ADDRESS 21 CANTON AVENUE STREET ADDRESS LEHIGH ACRES, FL 33972 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change . Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BILLE ☐ Defete THIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 resolver or trusted 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 attactivent with an odd easy with all other like empowered.

FILED

P. VANAMAN 2-13-05 863-675-0030