2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000133063 1. Entity Name ONE WOMAN AND A MOP, INC. Principal Place of Business Mailing Address 4300 SANTA VILLA DR. 4300 SANTA VILLA DR. PACE, FL 32571 US PACE, FL 32571 US CR2E034 (11/05) 01272006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0584971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WADE, BETTY 4300 SANTA VILLA DR. PACE, FL 32571 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. (NOTE: Registered Agent algosture required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D.P 717LE WADE, BETTY NAME STREET ADDRESS 4300 SANTA VILLA DR. CITY-ST-7IP PACE, FL 32571 TITLE STREET ADDRESS 400000518305 02/06-80005-805 150,00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED