2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 20, 2006 08:00 AM **DOCUMENT # P03000145855 Secretary of State** 1. Entity Name BRENDA BURKHEAD CONSTRUCTION CLEANING, INC. Principal Place of Business Mailing Address 1077 LAKEVIEW DR. 1077 LAKEVIEW DR. DELAND, FL 32720 DELAND, FL 32720 No Chg-P 03092006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1211581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BURKHEAD, BRENDA DO NOT WRITE 1077 LAKEVIEW DR. DELAND, FL 32720 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 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 PD TITLE BURKHEAD, BRENDA NAME U0000U474602 STREET ADDRESS 1077 LAKEVIEW DRIVE 84/04/06-8003**1-006** 150.00 C117-51-21P DELAND, FL 32720 VPTD NAME SANDERS, BETTY 1077 LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 TITLE PARKER, DOROTHY NAME STREET ADDRESS 1077 LAKEVIEW DRIVE DO NOT WRITE CITY-ST-ZIP DELAND, FL 32720 IN THIS SPACE TITLE LOVELESS, MICHELLE MAME 1077 LAKEVIEW DRIVE STREET ADDRESS CHTY-ST-ZIP DELAND, FL 32720

12. I hereby 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 suppliemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

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

3-17-06 (386)789-5