## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Malinop Address  Malinop Address  Suite, Apt. #, otc.    Suite, Apt. #, otc.   Suite, Apt. #, otc.   Suite, Apt. #, otc.   City & State   Cit	DOCUMENT # P04000021484  1: Entity Name RELAX CLEANING SERVICES, INC.					SECRETARY OF STATE DIVISION OF CORPORATIONS  05 AUG -8 PM 2:51					
Suite. Apt. #. dic.    Suite. Apt. #. etc.   Solite. Apt. #. etc.	3335 JIM LEE RD. #2 3335 JIM LEE RD. #2				, , , ,	] 	ı Bəhil Bibil Ashil Bəhil Bəhil	<b>83/18</b> (1886 (1881)	EIBEN IVIN BINI	11) () ([1)	
City & State    Coly & State   Coly & Coly & State   Coly & State   Coly & State   Coly & Coly & State   Coly & State   Coly & State   Coly & State   Coly & Coly & Coly & State   Coly & Coly	2. Principal P	ace of Business	3. Mailing Address								
Second   S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08082005	Chg-P	CR2E034	‡ (10/03) <i>j</i>		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State	3	City & State			4. FEI Numb	er		}BC		
BOWMAN, RETHA 3335 JIM LEE R.D. #2 TALLAHASSEE, FL 32301    City   FL   Zip Code	Zìp	Country	Country Zip Co		try						
Siree Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL 32301  City FL Zip Code  a. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00  Due by September 7, 2005  S. Election Campaign Financing S5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS 11.  THE NAME DEWARD RETHA  Debts ITLE  BOWMAN, RETHA  Debts ITLE  BOWMAN, RETHA  SIFEET ADDRESS  CITY-ST-2P  TALLAHASSEE, FL 32301  THE Debts ITLE  MAKE  SIFEET ADDRESS  CITY-ST-2P  THE DEBTS  THE D		6. Name and Address of Current			Name	7. Name and	Address of New Ro	egistered Ag	ent		
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.    Common	3335 JIM L	.EE RD. #2	-		Street Address (	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named ontity 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					City		-	FI	Zip Code		
SIGNATURE    Street Angles   S	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										
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE BOWMAN, RETHA STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32301  TILE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME	SIGNATURE										
Due by September 7, 2005  Trust Fund Contribution.  Added to Fees   Corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   P					DATE						
TITLE NAME NAME SOWMAN, RETHA SASSEI, FL 32301  TITLE CITY-ST-2P TALLAHASSEE, FL 32301  TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIR	7 . 5 . 6 . 7				~ _ +						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete Obelete TITLE Obelete TITLE Obelete TITLE Obelete Obelete TITLE Obelete TITLE Obelete Obelete Obelete TITLE Obelete Obelete Obelete Obelete TITLE Obelete Obel	10.			11.			L /CHANGES TO OFFI	CERS AND D	IRECTORS	IN 11	
CITY-ST-ZIP TALLAHASSEE, FL 32301  CITY-ST-ZIP  CITY-ST-Z		Dieta Nice						[	☐ Change	☐ Addition	
NAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS S											
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  COARDINATION  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  COARDINATION  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  COARDINATION  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  COARDINATION  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  COARDINATION  NAME		☐ Delete TITL						[	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	STR			ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete	-	· ·						[	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Addition NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  Addition NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Addition NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Addition NAME NAME NAME NAME NAME NAME NAME NAME	STREET ADDRESS	STR			ET ADDRESS	© 08/1	1000581 17/0501041	59 <b>47</b> I007	<b>*</b> 4⊕ **150	.00	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 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: Author Street Addition  OR/OR/2005			☐ Delete					[	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME STREET ADDRESS   CITY-ST-ZIP    Delete   TITLE   Change   Addition   NAME STREET ADDRESS   CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP			···			
CITY-ST-ZIP  ITILE  ITILE  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing 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 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:  Lambara  OR/OR/2005			Defete		l l			[	☐ Change	Addition	
NAME STREET ADDRESS CHY-ST-ZIP  12. I hereby cortify 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 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: But a f. Southern											
STREET ADDRESS CRY-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 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: But of the composition of the c			☐ Delete					[	Change	Addition	
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:	STREET ADDRESS			STRE	ET ADORESS						
SIGNATURE Lyfa J. Bonnan 08/08/2005	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.										
	SIGNAT		nhan	OB DIRECT	r09	08/	108/200	<u> </u>	time Phase		