2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 27, 2006 08:00 AN **DOCUMENT # P04000030122** Secretary of State 1. Entity Name DAWN BRITTON'S CLEANING SERVICES, INC Principal Place of Business Mailing Address P.O. BOX 208 P.O. BOX 208 INTERCESSION CITY, FL 33848 INTERCESSION CITY, FL 33848 HS 01252006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0537375 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRITTON, DAWN M DO NOT WRITE 1473 IMMOKALEE STREET INTERCESSION CITY, FL 33848 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistored Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BRITTON, DAWN M NAME P.O. BOX 208 STREET ADDRESS CITY-ST-7IP INTERCESSION CITY, FL 33848 TITLE NAME U00000405058 02/07/06-80025-020 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR