2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030353

Entity Name: D & L EXPERT CLEANERS, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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70 EMERALD CT 687 NORTH HEDGECOCK SQUARE SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

70 EMERALD CT 687 NORTH HEDGECOCK SQUARE SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

FEI Number: 80-0097811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, LISA L THOMAS, LISA L 687 NORTH HEDGECOCK SQUARE 70 EMERALD CT SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937

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.

SIGNATURE: 04/26/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition THOMAS, LISA TAYLOR, JACQUELINE M Name: Name: 70 EMERALD CT 2405 COTTONWOOD AVE Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: MELBOURNE, FL 32904

Title: VΡ Title: VΡ (X) Change () Addition () Delete

TAYLOR, JACQUELINE M Name: Name: THRALL, ANDREA 2405 COTTONWOOD AVE 1716 CLOVER CIR Address: Address: MELBOURNE, FL 32904 MELBOURNE, FL 33805 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

GEORGE, ANN M THOMAS, LISA Name: Name:

2405 COTTONWOOD AVE 687 NORTH HEDGECOCK SQUARE Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Delete Title: (X) Change () Addition

TAYLOR, JACQUELINE M THOMAS, LISA Name: Name: Address: 2405 COTTONWOOD AVE Address: 687 NORTH HEDGECOCK SQUARE

City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: J. TAYLOR 04/26/2007