2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030353

Entity Name: D & L EXPERT CLEANERS, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 687 NORTH HEDGECOCK SQUARE SATELLITE BEACH, FL 32937 **Current Mailing Address: New Mailing Address:** 687 NORTH HEDGECOCK SQUARE 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 687 NORTH HEDGECOCK SQUARE 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TAYLOR, JACQUELINE M Name: Name: 2405 COTTONWOOD AVE Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: VΡ Title: Title: () Delete (X) Change () Addition Name: THRALL, ANDREA Name: THOMAS, LISA 1716 CLOVER CIR 687 NORTH HEDGECOCK SQUARE Address: Address: MELBOURNE, FL 33805 SATELLITE BEACH, FL 32937 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition THOMAS, LISA THOMAS, LISA Name: Name: 687 NORTH HEDGECOCK SQUARE 687 NORTH HEDGECOCK SQUARE Address: Address: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: (X) Delete Title: () Change () Addition THOMAS, LISA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JACQUELINE TAYLOR P 04/25/2008

687 NORTH HEDGECOCK SQUARE

SATELLITE BEACH, FL 32937

Address:

City-St-Zip: