2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 04, 2008 08:00 Al Secretary of State DOCUMENT # P04000035247 ALEMAN'S MAINTENANCE, INC. Mailing Address Principal Place of Business 801 FARRINGTON DR 801 FARRINGTON DR DELTONA, FL 32725 DELTONA, FL 32725 US CR2E034 (11/05) 02282008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0885913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ALEMAN, RUBEN 801 FARRINGTON DR DELTONA, FL 32725 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 reinstaling) Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000879983 04/15/03-80044-003 150.00 DP TITLE NAME ALEMAN, RUBEN STREET ADDRESS 801 FARRINGTON DR CITY-ST-ZIP DELTONA, FL 32725 DST ALEMAN, MAGALY STREET ADDRESS 801 FARRINGTON DR CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT1 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR