2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 08:00 AN DOCUMENT # P04000076728 **Secretary of State** DENHAM'S CLEANING, INC. Principal Place of Business Mailing Address 15919 SEA PINES DR 15919 SEA PINES DR HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEi Number Applied For 20-1081808 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code 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 Sansture, typed or mimodilians, of log stand agent and the Transicable (ILOTE: Registered Agent a grantum regulard when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST ППЕ TITLE Delete ☐ Change Addition NAME DENHAM, DEBRA JEAN NAME U00000829294 STREET ADDRESS 15919 SEA PINES DR STREET ADDRESS 02/26/03-80034-013 150.00 HUDSON FL 34667 CITY- ST- ZIP CITY-ST-ZIP Derete TITLE Addition TITLE Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition HILE De ete THLE Change NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-ZIP TIPLE ☐ Daiete TITLE ☐ Change Addition NAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHY-SI-ZIP HILE De ete TITLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CHY-St-2P CITY-ST ZIP THE De'ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zig CITY - ST - ZIP

FILED

if changed, or on an attachment with an address, am 2-12-08 727-686-832 **SIGNATURE**

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

with all other like empowered.