2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 21, 2007 8:00 am Secretary of State 05-21-2007 90061 001 ***150.00 DOCUMENT # P04000094437 05-21-2007 90061 002 ****70.00 SO. AVE. LAUNDRY, INC. 05-21-2007 90061 003 *****8.75 Principal Place of Business Mailing Address 66015698 313 SOUTH AVENUE 313 SOUTH AVENUE FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 32547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 Cha-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 20-1850965 Not Applicable Zip 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 KELLY, KUSUN Street Address (P.O. Box Number is Not Acceptable) 313 SOUTH AVENUE FT WALTON BEACH, FL 32547 City 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 ager <u>5-11-07</u> SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENZ, DOUG KElly, KUSUN NAME NAME 313 SOUTH AVENUE STREET ADDRESS STREET ADDRESS FT WALTON BEACH, FL 32547 CITY-ST-ZIP CITY+ST-7tP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENZ DOUG 313 SOUTH AVE NAME NAME STREET ADDRESS STREET ADDRESS WALTON SEACH, FL 32547 CITY-ST-ZIP CITY-ST-ZIP TITLE TOLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

5-11-07

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