2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ess. David Gradey

Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000118520 04-10-2006 90307 035 ***150.00 1. Entity Name ADVANCE CLEANING SERVICES, INC. Principal Place of Business Mailing Address 60024711 2424 WESTMONT DRIVE 2424 WESTMONT DRIVE ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1505532 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUERRERO, JAIRO E 2424 WESTMONT DRIVE ROYAL PALM BEACH, FL 33411 Zip Code 33411-6810 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. ESUS Dairy (Tayoy ature, typed or printed name of registered agent and fill if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Dolete ☐ Change Addition Tesus D. GARAY 2718 MISTY WAKS CITCLE GUERRERO, JAIRO E NAME NAME 2424 WESTMONT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ROYAL PAIM Beach TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE □ Change Addition NAME-NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #