2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P04000120290 04-27-2005 90301 008 ***150 00 1. Entity Name SHARP IMAGE CLEANING SERVICE, INC. Principal Place of Business Mailing Address 13610 FANSHOWE RD 100000 13610 FANSHOWE RD JACKSONVILLE, FL 32246 IACKSONVILLE, FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 06-1731373 Not Applicable 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 SHARP, WILLIAM S JR Street Address (P.O. Box Number is Not Acceptable) 13610 FANSHOWE RD JACKSONVILLE, FL 32246 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Channe Addition TITLE ☐ Delete NAME SHARP, WILLIAM S JR NAME 13610 FANSHOWE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-ZIP TITLE Delete TITLE Change Addition SHARP, RENEE F NAME NAME STREET ADDRESS 13610 FANSHOWE RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME SHARP, RACHEL H NAME STREET ADDRESS 13610 FANSHOWE RD STREET ADORESS CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-ZIP 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 ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TUTLE 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 exemption stated in Section 119.07(3)(i), 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.

William S Sharp Jr 4/21/05 904.223-8585

FILED