2008 FOR PROFIT CORPORATION

Apr 14, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P04000125290 KAY'S CLEANING SERVICE, INC. Principal Place of Business Mailing Address 330 MELODY COURT 330 MELODY COURT FORT MYERS, FL 33916 FORT MYERS, FL 33916 US US CR2E034 (11/05) No Chg-P 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1578228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PITTMAN, LARRY 6051 ESTERO BOULEVARD IN THIS SPACE FORT MYERS BEACH, FL 33931 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing U000000836800 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 /25/08-80023-003 150.00 OFFICERS AND DIRECTORS 10. TITLE **DPVS** MYERS, KAY P 330 MELODY COURT STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33916 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED