


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90246 040 \*\*\*150.00

<b>DOCUMENT # P04000171799</b> 1. Entity Name <b>SPIC N SPAN CLEANING SERVICE, INC.</b>																															
Principal Place of Business <b>603 LAUREL WAY NORTH LAUDERDALE, FL 33068</b>			Mailing Address <b>603 LAUREL WAY NORTH LAUDERDALE, FL 33068</b>																												
2. Principal Place of Business		3. Mailing Address																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
6. Name and Address of Current Registered Agent  <b>WILSON, ANTHONY 603 LAUREL WAY NORTH LAUDERDALE, FL 33068</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete           </td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>President LP</b>  <b>Anthony Wilson</b>  <b>603 Laurel way</b>  <b>North Lauderdale, FL 33068</b> </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>Vice President VP</b>  <b>Chelsie Wilson</b>  <b>603 Laurel way</b>  <b>North Lauderdale FL 33068</b> </td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete													TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President LP</b> <b>Anthony Wilson</b> <b>603 Laurel way</b> <b>North Lauderdale, FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President VP</b> <b>Chelsie Wilson</b> <b>603 Laurel way</b> <b>North Lauderdale FL 33068</b>								
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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.																															
<b>SIGNATURE:</b> <u>Anthony Wilson</u> <span style="float: right;">4-20-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															