05/01/2008 11:14 9549703470 JENNIFER G

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Secretary of State
05-05-2008 90226 022 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000006174

1. Entity Name
A CUSTOM CLEAN FIT, INC.

40095862

Principal Place of Business	Mailing Address
3300 NORTH STATE ROAD 7 BOX F-551 HOLLYWOOD, FL 33021	3300 NORTH STATE ROAD 7 BOX F-551 HOLLYWOOD, FL 33021

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1401 SE 15th Street	1401 SE 15th ST
Suite, Apt. #, etc. # 108	Suite, Apt. #, etc. # 108
City & State Ft. Laud, Fl	City & State Ft. Laud, Fl
Zip 33316 Country U.S.A.	Zip 33316 Country USA

4. FEI Number 20-2366629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYNDS, SUSANNE 3300 NORTH STATE ROAD 7 BOX F-551 HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent.

SIGNATURE X Susanne J. Hynds
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYNDS, SUSANNE 3300 NORTH STATE ROAD 7 BOX F-551 HOLLYWOOD, FL 33021	☐ Delete	D Susanne Hynds 1401 SE 15th ST #108 Ft Laud, Fl 33316	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: X Susanne J. Hynds 4/30/08 9545575907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #