2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 31, 2008 08:00 AM DOCUMENT # P05000020258 **Secretary of State** SUN CITY AFFORDABLE CLEANING SERVICES, INC. Principal Place of Business Mailing Address 1631 ORACLE DRIVE 1631 ORACLE DRIVE RUSKIN, FL 33570 RUSKIN, FL 33570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 01142008 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 20-2301256 Not Applicable Country Zip 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 Name KULA, BEVERLY J Street Address (P.O. Box Number is Not Acceptable) 1631 ORACLE DRIVE **RUSKIN, FL 33570** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE TITLE ☐ Change Addition ☐ Delete NAME KULA, BEVERLY J NAME U00000807312 STREET ADDRESS 1631 ORACLE DRIVE STREET ADDRESS 02/07/08-80003-024 150.00 **RUSKIN, FL 33570** CITY-ST-ZIP CITY-ST-ZIP DVPS TITLE ☐ Delete TITLE ☐ Change ■ Addition KULA, JOHN C NAME NAME STREET ADDRESS 1631 ORACLE DRIVE STREET ADDRESS CITY - ST-ZIP **RUSKIN, FL 33570** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KULA, SCOTT NAME 1631 ORACLE DRIVE STREET ADDRESS STREET ADORESS **RUSKIN, FL 33570** CITY-ST-ZIP 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 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME

Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone