2008 FOR PROFIT CORPORATION

FILED Apr 24, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P05000041102** SERVANTS CLEANING, INC Principal Place of Business Mailing Address 5654 MILLIGAN FORD RD 5654 MILLIGAN FORD RD PACE, FL 32571 PACE, FL 32571 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2586434 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNOZ, DEBORAH DO NOT WRITE 5654 MILLIGAN FORD RD PACE, FL 32571 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MUNOZ, DEBORAH NAME STREET ADDRESS 5654 MILLIGAN FORD RD CITY-ST-ZIP PACE, FL 32571 THLE U00000919702 05/14/08-80019-021 150.00 NAME MUNOZ, FELIZ F 5654 MILLIGAN FORD RD STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 THLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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:

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR