2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # P05000050193 1. Entity Name 05-07-2007 90055 019 ***150 00 E&E SERVICE CLEANING, INC. Principal Place of Business Mailing Address 4800 WHISTLER'S GREEN CIR 4800 WHISTLER'S GREEN CIR NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For NO-T APPLICABLE Not Applicable Zip 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 EGUEZ, ERWIN Street Address (P.O. Box Number is Not Acceptable) 4800 WHISTLER'S GREEN CIR NAPLES FL 34116 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 Signature, typed or printed marks of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DHF Addition TITLE Delete Change EGUEZ, ERWIN NAME NAME 4800 WHISTLER'S GREEN CIR - APT. 6 STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-SI-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP IIILE Delete TITLE □ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST-7IP ONY OF ZIP Delete Change Addition HILE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition TITLE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED