## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2007 8:00 am Secretary of State

| Principal Place of Business 1372 SPRINK RIDGE CIRCLE WINTER GARDEN, FL 34787  2. Principal Place of Business - No PO, Box # 1372 SPRINK RIDGE CIRCLE WINTER GARDEN, FL 34787  2. Principal Place of Business - No PO, Box # 1372 SPRINK RIDGE CIRCLE Sullin And A. F. C   | DOCUMENT # P05000061667  1. Entity Name BROADWAY'S CLEANING & RESTORATION, INC.  |                                      |                          |                                       |              | Secretary of State 05-08-2007 90010 019 ***150.00 |                             |                  |              |  |
|---|--|--------------------------------------|--------------------------|---------------------------------------|--------------|---|-----------------------------|------------------|--------------|--|
| 1372 SPRICE DIDECTIONS WINTER CARDER, FL. 34787  2. Principal Planners - No P.O. Sox 4  3.72 Spr  |  |                                      | ·                        |                                       |              |   |                             |                  |              |  |
| 2. Principal Place of Business - No P.O. Box # 1372   Spring Ridge Cir   Suite, Apt. # 660.   Suite, Apt. # 660.   Suite, Apt. # 660.   Okaya Sano   Country   Suite, Apt. # 660.   Okaya Cir  | ,  |                                      | 1372 SPRING RIDGE CIRCLE |                                       | <u> </u>     | 40-   |                             |                  |              |  |
| Solit Apr   End   | WINTER GARDEN, FL 34787  |                                      | WINTER GARDEN, FL 34787  |                                       | ·            | ·   | Ang Sim (50                 |                  |              |  |
| Solit Apr   End   | 2. Principal P   | face of Business - No P.O. Box #     | T 3. Mailing Address     |                                       |              |   |                             |                  |              |  |
| CAR State  Country  2p  3p  Country  3p  S. Certificate of Status Desired  3p  Sep  Sep  Sep  Sep  Sep  Sep  Sep  | •  | _                                    |                          |                                       |              | i (615) (61) i 40) ii 664 83 ii 67                | AN THE CLEAN COME THE LESS. |                  |              |  |
| ## 20-2774147   Not Applicable   \$3.75   Country   \$5.00   \$5. | Suite, Apt.  | #, etc. )                            | Suite, Apt. #, etc.      |                                       | 04242007     | Chg-P   | CR2E034 (12/06)             |                  |              |  |
| Supply Address (P.O. Box Number of Address of Current Registered Agent  CARTER, CORY R 1372 SPRING RIDGE CIRCLE WINTER GARDEN, FL 34787  8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam damiliar with, and accept the   | Win  | ter Garden FL                        | Winter Gara              | · · · · · · · · · · · · · · · · · · · |              | 1   |                             | No               | t Applicable |  |
| CARTER, CORY R 1372 SPRING RIDGE CIRCLE WINTER GARDEN, FL 34767  6. The above named entity submiss this statement for the purpose of changing its registered office or registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, and the statement for the purpose of changing its registered office or registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agains, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agains, or both, in the State of Fonds. I am familiar with, and accept the familiar accep  | <u> 3478</u>   | 7                                    | ·                        |                                       | iry          | <u> </u>  |                             | Fee Required     |              |  |
| Sires Address P.O. Box Number is Not Acceptable)  Stress Address P.O. Box Number is Not Acceptable)  Stress Address P.O. Box Number is Not Acceptable)  Stress Address P.O. Box Number is Not Acceptable)  City W. M. L. B. Carden FL Zip Code 3 47 8 7  8. The labove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE B. States A. B.   | 6. Name and Address of Current Registered Agent  |                                      |                          |                                       | Name 2 / C / |   |                             |                  |              |  |
| WINTER GARDEN, FL 34787    City   |  |                                      |                          |                                       |              |   |                             |                  |              |  |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Control   C  |  |                                      | 3.73                     |                                       | 1372 5       | pring R   | Ridge Cir                   | <u></u>          |              |  |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Control   C  |  |                                      |                          |                                       | City )       |   |                             | ₹ Zin Code       |              |  |
| the obligations of registered agent.  SIGNATURE    Ret text   Landow   Land  | e The shows  | and artifu submite this statement to | Winte                    |                                       | <del> </del> | FL 34   | 787                         |                  |              |  |
| Synetic lyndox or interchannel of registered lagest explication. (POTE: Registered Apert septembar registed in the remaining)  ### PILE NOWILL FEE IS \$150.00 ### Added to Fees    10.   |  |                                      |                          |                                       |              |   |                             |                  |              |  |
| FILE NOW!II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DPV BROADWAY, BENTON H PO BOX 1148 OCOBE, FL 34761  ITILE OST CARTER, CORUY R SIREAT MORESS CITY-ST-2P  TITLE MINE SIREAT MORESS CITY-ST-2P  TITLE OST T  |  |                                      |                          |                                       |              |   |                             |                  |              |  |
| After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DPV   Change   Addition    NAME   SIRET ADDRESS   SIRET ADDRESS    CITY-ST-2P   OCCUPY   SIRET ADDRESS    CITY-ST-2P   OLdete   SIRET ADDRESS    CITY-ST-2P   OLD    CITY-ST-2P   OLD    CHange   Addition  | Signature, typed or pretted name or registered agent and title appacable. (NUTE: Registered Agent signature required when reinstating) DATE  |                                      |                          |                                       |              |   |                             |                  |              |  |
| ITILE NAME BROADWAY, BENTON H SHEEL ADDRESS CITY-ST-ZIP PO BOX 1148 OCOEE, FL 34761 Change Addition NAME STREET ADDRESS CITY-ST-ZIP PO BOX 1148 OCOEE, FL 34761 CHANGE STREET ADDRESS CITY-ST-ZIP CARTER, CORUY R STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MATERIA ADDRE  | LITE HOMIT LEE 19 \$130.00   |                                      |                          |                                       |              |   |                             |                  |              |  |
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| ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  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.  Pentage  Pentag  | STREET ADDRESS   |                                      |                          | STRE                                  | ET ADDRESS   |   |                             |                  |              |  |
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| CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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 rue 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.  Renton H - Broadway  |  |                                      |                          | NAM                                   | Œ            |   |                             | ட் பண்க          | /Kongo.      |  |
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|   | 1535   |                                      |                          |                                       |              |   |                             |                  |              |  |