2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P05000110023

Entity Name: A UNIFORM WORLD FLORIDA II, INC.

Current Principal Place of Business:

3350 ENTERPRISE AVENUE
SUITE 180
WESTON, FL 33331 US

New Principal Place of Business:

150 S PINE ISLAND RD
SUITE 300
PLANTATION, FL 33324 US

Current Mailing Address:

PO BOX 268778
WESTON, FL 333268778 US

New Mailing Address:

150 S PINE ISLAND RD
SUITE 300
PLANTATION, FL 33324 US

FEI Number: 20-3276231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASIMORE, SUSAN
3350 ENTERPRISE AVE
SUITE 180
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MASIMORE, SUSAN
150 S PINE ISLAND RD
SUITE 300
PLANTATION, FL 33324 US

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.

SIGNATURE: _____ 04/17/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASIMORE, SUSAN
Address: 3350 ENTERPRISE AVE, SUITE 180
City-St-Zip: WESTON, FL 33331

Title: T ( ) Delete
Name: MASIMORE, CHARLES
Address: 3350 ENTERPRISE AVE, SUITE 180
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MASIMORE, SUSAN
Address: 150 S PINE ISLAND RD, SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Change ( ) Addition
Name: MASIMORE, CHARLES
Address: 150 S PINE ISLAND RD, SUITE 300
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MASIMORE VP 04/17/2009
Electronic Signature of Signing Officer or Director — Date