2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P05000127521

Entity Name: MAGICAL HANDS CLEANING & PAINTING SERVICES, INC.

Current Principal Place of Business:

3006 SAN FILIPPO DR SE
PALM BAY, FL 329089

New Principal Place of Business:

Current Mailing Address:

3006 SAN FILIPPO DR SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 04-3828262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARAYALDE, ANTONIA M
3006 SAN FILIPPO DR SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: GARAYALDE, ANTONIA M
Address: 3006 SAN FILIPPO DR
City-St-Zip: PALM BAY, FL 32909

Title: D1VP ( ) Delete
Name: GARAYALDE, FELIX J
Address: 3006 SAN FILIPPO DR
City-St-Zip: PALM BAY, FL 32909

Title: 2VP ( ) Delete
Name: ROBERTSON, TYLER M
Address: 511 SW TRUMAN
City-St-Zip: PALM BAY, FL 32908

Title: 3VP (X) Delete
Name: FIGUEROA, EDUARDO
Address: 3006 SAN FILIPPO DR SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change ( ) Addition
Name: FIGUEROA, EDUARDO
Address: 3006 SAN FILIPPO DR SE
City-St-Zip: PALM BAY, FL 32909

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTONIA M GARAYALDE DPST 06/15/2009

Electronic Signature of Signing Officer or Director — Date