2007 FOR PROFIT CORPORATION

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000045094 04-16-2007 90064 042 ***150.00 C-2-IT CLEANING & PERSONAL SERVICES, INC. Principal Place of Business Mailing Address 775 GILDA DRIVE 775 GILDA DRIVE ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-46 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEENE, CYNTHIA E Street Address (P.O. Box Number is Not Acceptable) 775 GILDA DRIVE ST AUGUSTINE, FL 32086 City 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change noitibhA NAME KEENE, CYNTHIA E NAME 775 GILDA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32086 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP Delete TITLE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME

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 altachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7tP

STREET ADDRESS

CITY-ST-ZIP

FILED