2008 FOR PROFIT CORPORATION

Apr 18, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P06000103007** BEST WAY WINDOW CLEANING, INC. Principal Place of Business Mailing Address 9031 N.W. 23RD STREET 9031 N.W. 23RD STREET CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 CR2E034 (11/05) No Cha-P 03202008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5314405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARPENTER, GARY DO NOT WRITE 9031 N.W. 23RD STREET CORAL SPRINGS, FL 33065 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME CARPENTER, GARY STREET ADDRESS 9031 N.W. 23RD STREET CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 of the corporation or the rece changed, or on an attachmen

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED