2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120921

Entity Name: BROWARD JANITORIAL SERVICES INC.

FILED Apr 20, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

8165 NORTH UNIVERSITY DRIVE 8179 NORTH UNIVERSITY DRIVE

SUITE #41 SUITE #87

TAMARAC, FL 33321 US TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

8165 NORTH UNIVERSITY DRIVE 8179 NORTH UNIVERSITY DRIVE

SUITE #41 SUITE #87

TAMARAC, FL 33321 US TAMARAC, FL 33321 US

FEI Number: 65-1291216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNCANSON, DANIEL M SR.

8165 N UNIVERSITY DR

#41

TAMARAC, FL 33321 US

DUNCANSON, DANIEL M SR.

8179 N UNIVERSITY DR

#87

TAMARAC, FL 33321 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: DANIEL DUNCANSON 04/20/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: DUNCANSON, DANIEL M SR DUNCANSON, DANIEL M SR Name: Name: 8165 N UNIVERSITY DR 8179 N UNIVERSITY DR #87 Address: Address: City-St-Zip: TAMARAC, FL 33321 FL City-St-Zip: TAMARAC, FL 33321 FL

Title: T (X) Delete Title: () Change () Addition

 Name:
 STATEN, PATRICIA E
 Name:

 Address:
 8165 N UNIVERSITY DR
 Address:

 City-St-Zip:
 TAMARAC, FL 33321 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL DUNCANSON P 04/20/2007