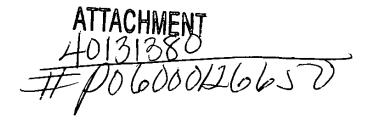
Sep 06, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT 09-06-2007 90008 021 ***150.00 **DOCUMENT # P06000126650** JDM CLEANING SERVICE, INC. 40131380 Principal Place of Business Mailing Address 16930 S.E. 73RD AVE P.O. BOX 43 WILDWOOD, FL 34785 SUMMERFIELD, FL 34491 Principal Place of Business - No P.O. 32275W 43rd Mailing Address Suite, Apt. 01232007 CR2E034 (12/06) Chg-P Applied For City & State Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLASBERG, JULIE E Street Address (P.O. Box Number is Not Acceptable) 16930 S.E. 73RD AVE SUMMERFIELD, FL 34491 City Zip Code FL 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 egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE Change TITLE BLASBERG, JULIE E NAME NAME STREET ADDRESS P.O. BOX 43 STREET ADDRESS WILDWOOD, FL 34785 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition BLASBERG, DAVID M NAME NAME STREET ADDRESS 5129 CR 114 STREET ADDRESS WILDWOOD, FL 34785 CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change TITLE ☐ Delete Addition NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attache

SIGNATURE:

FILED



- Dear Departmenty State I am writing this - lette do let you know - that I honestly never received anotice to pay 150 en fils by May 18t. Upromise of I had I would have paid that amount Small blisiness and gant afford the \$50.00 Please take this into consideration Lam enclosing a checkfor