2008 FOR PROFIT CORPORATION

Apr 23, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P07000037148 04-23-2008 90023 026 ***150.00 1. Entity Name THE CLEAN HANDS CORPORATION Principal Place of Business Mailing Address 4356 N.W. 71ST TERRACE 4356 N.W. 71ST TERRACE LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For a Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEBLETT, BEVERLY U Street Address (P.O. Box Number is Not Acceptable) 4356 N.W. 71ST TERRACE LAUDERHILL, FL 33319 City Zip Code FI 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) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change ☐ Addition NEBLETT, BEVERLY U NAME NAME STREET ADDRESS 4356 N.W. 71ST TERRACE STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all other like empowered.

CITY-SI-7IP

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SIGNATURE

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