2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # P07000133515** 04-30-2008 90183 001 ***150.00 1. Entity Name SECRETS OF SANITATION, INC. Principal Place of Business Mailing Address 60033450 35518 SOPHIE DRIVE 35518 SOPHIE DRIVE ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04242008 Chg-P City & State City & State 4. FEI Number Applied For 26-166 3801 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEEKS, PAMELA V Street Address (P.O. Box Number is Not Acceptable) 701 W. ALFRED STREET **TAMPA, FL 33603** 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/S TITLE ☐ Delete TITLE ☐ Change ■ Addition SHAY, MARTHA L NAME NAME 35518 SOPHIE DRIVE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP ZEPHYRHILLS, FL 33541 CITY-ST-ZIP VP/T TITLE ☐ Delete TITLE Change Addition VARNUM, PATRICIA J NAME NAME STREET ADDRESS 35518 SOPHIE DRIVE STREET ADDRESS ZEPHYRHILLS, FL 33541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

SIGNATURE:

arnim

FILED