2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026420

Entity Name: SADIE'S CLEANING SERVICE, INC.

FILED Jun 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10000 GATE PARKWAY N, UNIT 1815 JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

10000 GATE PARKWAY N, UNIT 1815 JACKSONVILLE, FL 32246

FEI Number: 80-0183850 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:

SEAL, SADIE

14370 DEMERY DR S

JACKSONVILLE, FL 32250 US

ALEXANDER, SADIE

10000 GATE PKWY N. UNIT 1815

JACKSONVILLE, FL 32250 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: SADIE ALEXANDER 06/20/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

Election campaign i mancing must i and contribution (

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: (X) Change () Addition SEAL, SADIE Name: Name: SEAL, SADIE 14370 DEMERY DR S 10000 GATE PKWY N. UNIT 1815 Address: Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32246

Title: V () Delete Title: V (X) Change () Addition Name: ALEXANDER, ADAM Name: ALEXANDER, ADAM Address: 14370 DEMERY DR S Address: 10000 GATE PKWY N. UNIT 1815

Address: 14370 DEMERY DR S Address: 10000 GATE PRWY N. UNIT 1815
City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32246

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

 Name:
 SHIRLEY, TIM
 Name:

 Address:
 14370 DEMERY DR S
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32250
 City-St-Zip:

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

 Name:
 SHIRLEY, VIČKI
 Name:

 Address:
 14370 DEMERY DR S
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32250
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ADAM ALEXANDER V 06/20/2009