

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039215

Entity Name: PHS CLEANING SOLUTIONS, INC.

FILED  
Jun 17, 2009  
Secretary of State

## Current Principal Place of Business:

1585 MAXWELL LANE  
DELTONA, FL 32738 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 390762  
DELTONA, FL 327390762 US

## New Mailing Address:

FEI Number: 26-2444864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARY, SHERRY  
1585 MAXWELL LANE  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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 ( ).

## OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete  
Name: ARY, SHERRY  
Address: 1585 MAXWELL LANE  
City-St-Zip: DELTONA, FL 32738 US

Title: S,T ( ) Delete  
Name: ARY, SHERRY  
Address: 1585 MAXWELL LANE  
City-St-Zip: DELTONA, FL 32738 US

Title: CEO ( ) Delete  
Name: FAHEY, SANDRA  
Address: 2848 DERBY DR  
City-St-Zip: DELTONA, FL 32738 US

Title: D ( ) Delete  
Name: WILCOX, ADRIANA  
Address: 2252 TIERRA DE PAZ  
City-St-Zip: EL PASO, TX 79938

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: FAHEY, SANDRA  
Address: 2848 DERBY DR.  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SHERRY ARY

PRES

06/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date