2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000040526

Entity Name: SOLUTION CUSTOM CLEANING INC

Current Principal Place of Business:

24 N. L STREET
PENSACOLA, 32501 FL

New Principal Place of Business:

24 N. L STREET
PENSACOLA, FL 32501 US

Current Mailing Address:

24 N. L STREET
PENSACOLA, 32501 FL

New Mailing Address:

24 N. L STREET
PENSACOLA, FL 32501 US

FEI Number: 45-0593991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, LAMONT T C
24 N. L STREET
PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BRYE, KENYETTE
Address: 24 N. L STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SEC ( ) Delete
Name: STALLWORTH, JEANNETTE
Address: 24 N. L STREET
City-St-Zip: PENSACOLA, FL 32501

Title: P (X) Delete
Name: MASON, LAMONT T OWNER
Address: 24 N. L STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LAMONT, MASON T OWNER
Address: 24 N. L STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP (X) Change ( ) Addition
Name: KENYETTE, BRYE OWNER
Address: 4053 GLENWAY DR. NE
City-St-Zip: PENSACOLA, FL 32505 US

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: LAMONT MASON PRES 04/29/2009

Electronic Signature of Signing Officer or Director Date