2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041533

Entity Name: HIGH TIDE EXTERIOR CLEANING SOLUTIONS, INC.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

298 ST. GEORGE STREET 4225 A1A SOUTH ST. AUGUSTINE, FL 32084 US SUITE 1, PMB 130

ST. AUGUSTINE, FL 32080 US

Current Mailing Address: New Mailing Address:

298 ST. GEORGE STREET 4225 A1A SOUTH ST. AUGUSTINE, FL 32084 US SUITE 1, PMB 130

ST. AUGUSTINE, FL 32080 US

FEI Number: 26-3049183 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:

LAW OFFICES OF JOHN GALLETTA JR., P.L.

LAW OFFICES OF JOHN GALLETTA JR., P.L.

5431 A1A S. 5431 A1A SOUTH 101

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: 04/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: STYLES, STEPHANIE

Address: 298 ST. GEORGE STREET

City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VPTD () Delete Name: STYLES, DAVID

Address: 298 ST. GEORGE STREET City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition

Name: STYLES, STEPHANIE
Address: 209 BLUEBIRD LANE

City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VPTD (X) Change () Addition

Name: STYLES, DAVID Address: 209 BLUEBIRD LANE

City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: DAVID STYLES VP 04/19/2009