2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P93000005725 PEARLS POWER SPRAY, INC. Principal Place of Business Mailing Address 5130 SW 64TH AVE DAVIE FL 33314 5130 SW 64TH AVE DAVIÉ FL 33314 LIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0369526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEARL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 5130 SW 64TH AVE **DAVIE FL 33314** Zip Code City 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 SIGNATURE. Signature: typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May B 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change TITLE U00000521421 PEARL, STEVEN MAME NAME 05/02/06-80134-011 150.0U STREET ADDRESS STREET ADDRESS 5130 SW 64TH AVE DAVIE FL 33314 CITY-ST-ZP CITY-ST-ZIP HILE ☐ Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Change Arken. Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Deleie TITLE Change Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZW ☐ Change Admi Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST- ZIP Change ☐ Addill THILE TITLE ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #