FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P9400000000 03-05-2001 90310 006 ***150.00 - zj. Principal Place of Business Mailing Address .Z66 WILSHIRE, Blud 266 WILSHIRE Plaza Cusselberry C0029995 2. Principal Place of Business 3. Mailing Address 510 Aspenwa 510 Aspenhood Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MITMER City & State 4. FEI Number Applied For SPRINGS Wintar Not Applicable \$8.75 Additional 5. Certificate of Status Desired Seminole Seminole Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAID TO CLEAN INC. Street Address (P.O. Box Number is Not Acceptable) 266 WILSHIRE PLAZA Ste131 CASSELBERRY FL 32707 City Zip Code 8. The above named partity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President ☐ Delete TITLE ☐ Addition Staven K. DA ItON NAME NAME 1510 ASPEN WOOD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP Vice President ☐ Delete TITLE ☐ Change ☐ Addition MALYTAS, DALTON NAME 1510 ASTENWOODS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Winter Spring FL 32708 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE - 🖃 - Change ---- 🗐 - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #