2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Jul 18, 2005 08:00 AM Secretary of State DOCUMENT # P9400007134 FLORIDA DISCOUNT VACUUM & SEWING, INC. Principal Place of Business Mailing Address 12760 SW 88TH ST 1723 SOUTHWEST 103 PLACE MIAMI, FL 33165 MIAMI, FL 33186 07142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0471952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DALE S GRIBBONS 12760 SW 88TH ST MIAMI, FL 33186 IN THIS SPACE 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 the obligations of registered agent. Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GRIBBONS, DALE S NAME % 1723 SOUTHWEST 103 PLACE STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33165 U00000373381 07/18/05-80013-005 150.00 S TITLE GRIBBONS, MIRIAM N NAME 1723 S W 103RD PLACE STREET ADDRESS CITY-ST-ZIP MAIMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS

12. 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 of trustee embowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED