

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90004 034 ***158.75

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| DOCUMENT # P94000023683 | |  |
| 1. Entity Name DEBBIES CHRISTIAN CLEANING SERVICE INC. | | |

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| Principal Place of Business 3847 ZION ROAD JACKSONVILLE, FL 32207 US | Mailing Address 3847 ZION ROAD JACKSONVILLE, FL 32207 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

40035117



01172006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3231268 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARIN, DEBORAH 3847 ZION ROAD JACKSONVILLE, FL 32207 | 7. Name and Address of New Registered Agent Name ROWELL, TRACY Street Address (P.O. Box Number is Not Acceptable) 3847 ZION ROAD City JACKSONVILLE FL Zip Code 32207 |
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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 Tracy Rowell Tracy Rowell President 3/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARIN, DEBORAH 3847 ZION ROAD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARIN, DEBORAH 3847 ZION ROAD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GM MORRISON, ELSIE 9380 103RD ST., LOT 113 JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROWELL, TRACY 3960 OLD SUNBEAM RD # 306 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROWELL, TRACY 3960 OLD SUNBEAM RD #306 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BURZEZEWSKI, CHANTAL 3960 OLD SUNBEAM RD # 306 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Buraczewski, Chantal 3960 OLD SUNBEAM RD #306 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WATTS, BEVERLY 1154 INGLESIDE AVE JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KEENUM, JAMES 9380 103RD STREET, #113 JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Rowell Tracy Rowell 3/22/06 904-262-4974
Signature and typed or printed name of signing officer or director Date Daytime Phone #