2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 10, 2006 08:00 AM Secretary of State DOCUMENT # P96000052151 1. Entity Name MAIDS, INC. Principal Place of Business Mailing Address 91 SANFORD AVENUE 91 SANFORD AVENUE DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 CR2E034 (11/05) Chg-P " City & State City & State 4. FEI Number Applied For 59-3390153 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIRTH SHARI Street Address (P.O. Box Number is Not Acceptable) 91 SANFORD AVE. DEBARY, FL 32713 City Zip Code 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete T/7LE Change Addition WIRTH, SHARI NAME STREET ADDRESS 91 SANFORD AVENUE STREET ADDRESS City-St-28 DEBARY, FL 32713 CTTY-ST-ZIP ☐ Colete U00000462144 □ thange □ Add 03/21/06-80024-010 150.00 TITLE NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deteto DDE ☐ Change Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Daytime Phone #

☐ Change

☐ Addition

☐ Addition

FILED