2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# P98000016927

Entity Name: COMPLETE MOBILE DETAILING, INC.

Current Principal Place of Business:

4642 S.W. SAVONA BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

1181 SW HALEYBERRY AVE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

4642 S.W. SAVONA BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

1181 SW HALEYBERRY AVE
PORT ST. LUCIE, FL 34953

FEI Number: 65-0817361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTELL, MICHAEL
1115 EAST OCEAN BLVD.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAMPMAN, LINDA A
Address: 4642 S.W. SAVONA BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAMPMAN, LINDA A
Address: 1181 SW HALEYBERRY AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LAMPMAN D 04/18/2009

Electronic Signature of Signing Officer or Director — Date