2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041841

Name:

Address:

City-St-Zip:

NICHOLSON, GEORGIA

6331 SW 6 STREET

MARGATE, FL 33068

FILED Apr 30, 2007 Secretary of State

| Entity Nan | ne: AINSL | EY'S-PORTER AND JANIT | ORIAL SERVIC | CES, INC. | | | |
|--|---|---|-----------------|---|-------------------------|--------------------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 2020 W. MCNAB RD SUITE 103 FORT LAUDERDALE, FL 33309 | | | | 520 NE 32ND STREET OAKLAND PARK, FL 33334 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| P O BOX 1 PLANTATION | | 318 | | | | | |
| FEI Number: | 65-0831352 | FEI Number Applied For | () FEI Nun | nber Not Appl | icable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| MCQUENNIE, NEOLA 2020 W. MCNAB RD SUITE 103 FT. LAUDERDALE, FL 33069 US | | | | MCQUENNIE, NEOLA 520 NE 32ND STREET OAKLAND PARK, FL 33334 US | | | |
| The above in the State | | ty submits this statement fo | r the purpose o | of changing it | s registered | office or registered agent, or both, | |
| SIGNATURE: | | | | 04/30/2007 | | | |
| | Elect | ronic Signature of Register | ed Agent | | | Date | |
| Election Can | npaign Finan | cing Trust Fund Contribution (|). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | VT HAUGHTON 605 SW 65 MARGATE, | AVE. | | Title: Name: Address: City-St-Zip: | (| () Change () Addition | |
| Title: Name: Address: City-St-Zip: | | () Delete E, NEOLA 7 TERRACE, BLDG 4-# 227 DERDALE, FL 33319 | | Title: Name: Address: City-St-Zip: | MCQUENNIE 7400 SW 14 | • | |
| Title: | SEC | (X) Delete | | Title: | (| () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NEOLA MCQUENNIE **PRES** 04/30/2007

() Change () Addition