2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000090935 05-02-2006 90177 038 ***150.00 1. Entity Name 1 & C CLEANERS, INC. Principal Place of Business Mailing Address 4446 - 1 & 2 HENDRICKS AVE 4446 - 1 & 2 HENDRICKS AVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 grand grand and 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3540004 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1620 EMERSON STREET JACKSONVILLE, FL 32207 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete TITLE Change TITLE PD HERFY, IMAD 14426 CHERRY LAKE DRIVE EAST FI 32258 HERFY, IMAD NAME NAME STREET ADDRESS STREET ADDRESS 5372 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 CITY-ST-ZIP CITY-ST-ZIP ■ Addition SD ☐ Delete TITLE Change HERFY, CHRISTINA HERFY, CHRISTINA 14426 CHERRY LAKE DRIVE EAST NAME NAME STREET ADDRESS 5372 CHESTNUT LAKE DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

CHRISTINA HERFY

FILED