*2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 08:00 AM ---Secretary of State DOCUMENT # V70849 1. Entity Name A LA CART CLEANING SERVICES, INC. Principal Place of Business Mailing Address 1811 RIDGE ROAD 1811 RIDGE ROAD JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 CR2E034 (10/03) 01092004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0367326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESKEW, TERESA L. DO NOT WRITE 1811 RIDGE ROAD JUNO BEACH, FL 33408 IN THIS SPACE 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) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TRUE ESKEW, TERESA L. NAME U00000121738 04/21/04-80001-004 150.00 1811 RIDGE ROAD STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 33TLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR