


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000053425 1. Entity Name MICKIE'S MAGIC CLEANING, INC.	
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Principal Place of Business 1231 LANCELOT WAY CASSELBERRY, FL 32707	Mailing Address 1231 LANCELOT WAY CASSELBERRY, FL 32707
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3675354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOYA, MARITZA
1231 LANCELOT WAY
CASSELBERRY, FL 32707

**DO NOT WRITE
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOYA, MARITZA 1231 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOYA, MAX 1231 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOYA, MICHAEL M 1231 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, SABRINA 605 CASA PARK CT. E WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/21/05-80017-009 150.00

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

SIGNATURE: *Sharon* Date: 1/17/05 Daytime Phone #: 207-699-7430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR