


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # G04868 1. Entity Name LE BLANC LINEN WASH, INC.	
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Principal Place of Business C/O A. B. BLANCO P.O. BOX 3295 SEMINOLE, FL 33775 US	Mailing Address C/O A. B. BLANCO P.O. BOX 3295 SEMINOLE, FL 33775 US
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DO NOT WRITE IN THIS SPACE

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2259871	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 BLANCO, ANITA B. 11590 SHIPWATCH DRIVE SUITE 441 LARGO, FL 34644
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, ANITA B. 11590 SHIPWATCH DRIVE #441 LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCO, RAFAEL W 32 BAHAMA CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANCO, MARCO A. 200 W 58 STREET (12A) NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/11/06-80030-008 150.00

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

SIGNATURE: Anita B. Blanco Anita B. Blanco, President 1/06/06 727-546-3305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #