2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# G93417

Entity Name: G.L.S. CLEANERS, INC.

Current Principal Place of Business:

% GENE T. PAOLUCCI
9875 BEACH BLVD.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

9875 BEACH BLVD.
JACKSONVILLE, FL 32246 US

Current Mailing Address:

% GENE T. PAOLUCCI
9875 BEACH BLVD.
JACKSONVILLE, FL 32246 US

New Mailing Address:

9875 BEACH BLVD.
JACKSONVILLE, FL 32246 US

FEI Number: 59-2385835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAOLUCCI, GENE T.
9875 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

PAOLUCCI, LEANNE M
9875 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: LEANNE PAOLUCCI 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PAOLUCCI, GENE T.,
Address: 9875 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS ( ) Delete
Name: PAOLUCCI, LEANNE,
Address: 9875 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PAOLUCCI, LEANNE M
Address: 9875 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS (X) Change ( ) Addition
Name: PAOLUCCI, SUMMER,
Address: 9875 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LEANNE PAOLUCCI D 04/26/2005
Electronic Signature of Signing Officer or Director Date