2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H00600

1. Entity Name
SIR GALLOWAY DRY CLEANERS, INC.



FILED Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O MARK D. MILLS 13007 S.W. 87TH AVENUE MIAMI, FL 33176 Mailing Address

C/O MARK D. MILLS 13007 S.W. 87TH AVENUE MIAMI, FL 33176



DO NOT WRITE IN THIS SPACE

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWIEP, PAUL 2699 S. BAYSHORE DR. PH MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33133			IN THIS SPACE		
the obligat	tions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			000000605356 01/30/07-80032-019 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLS, MARK D. 13007 S.W. 87TH AVENUE MIAMI, FL 33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLS, MARY J. 13007 S.W. 87TH AVENUE MIAMI, FL 33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12 07

Daytime Phone #