


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 017 ***150.00

DOCUMENT # H23124	
1. Entity Name ALL PRO-MAIDS, INC.	

Principal Place of Business <i>(As of Feb. 1, 2006)</i> 670 N. COURTNEY PARKWAY 2137 N. Courtney Parkway MERRITT ISLAND FL 32953 Suite # 30 <i>Same</i>	Mailing Address 670 N. COURTNEY PARKWAY P.O. Box 561558 MERRITT ISLAND FL 32953 Rockledge, FL 32956-1558
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2. Principal Place of Business 2137 N. Courtney Parkway Suite, Apt. #, etc. Suite # 30	3. Mailing Address P.O. Box 561558 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Merritt Island, Fl.	City & State Rockledge, Fl.
Zip 32953	Zip 32956-1558
Country Brevard	Country Brevard

4. FEI Number 59-2454099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOGLE, KATHLEEN ANN 5075 S TROPICAL TR. 286 Tunbridge Dr. MERRITT ISLAND FL 32953 Rockledge, Fl. 32955 <i>note Address Change</i>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PVTS BOGLE, KATHLEEN A. 2697-DEERCROFT DR MELBOURNE-FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGLE, KATHLEEN A 2697-DEERCROFT DR MELBOURNE-FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 286 Tunbridge Dr. Rockledge, Fl. 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 286 Tunbridge Dr. Rockledge, Fl. 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-31-06 321-633-6677**

Attachment

40020173

H23124

(Sorry for the
mess at the
top) we moved
Feb 1st 2006 to have
new office & we have
a new P.O. Box
for mailing also has
a new address
change