# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2011**
**Secretary of State**

DOCUMENT# H23124

**Entity Name:** ALL PRO-MAIDS, INC.

**Current Principal Place of Business:**

2137 N COURTENAY PKWY
STE 30
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

210 MCLEOD ST.
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

POB 561558
ROCKLEDGE, FL 329561558

**New Mailing Address:**

**FEI Number: 59-2454099** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOGLE, KATHLEEN ANN
30 HARBOUR ISLE DR. W.
101
HUTCHINSON ISLAND, FL 34949 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PVTS
Name: BOGLE, KATHLEEN A.
Address: 30 HARBOUR ISLE DR. UNIT 101
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: D
Name: BOGLE, KATHLEEN A
Address: 30 HARBOUR ISLE DR. UNIT 101
City-St-Zip: HUTCHINSON ISLE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN ANN BOGLE PVST 01/19/2011

Electronic Signature of Signing Officer or Director — Date