



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K25644 1. Entity Name NICE "N" CLEAN MAID SERVICE COMPANY						
Principal Place of Business % BARBARA WEBSTER 11715 S.W. 135 PLACE MIAMI, FL 33186	Mailing Address % BARBARA WEBSTER 11715 S.W. 135 PLACE MIAMI, FL 33186	<div style="text-align: center; padding: 10px;"></div> <div style="text-align: center; padding: 5px;">01132006 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0071908</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0071908	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent WEBSTER, BARBARA 11715 S.W. 135 PLACE MIAMI, FL 33186		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
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				
10. OFFICERS AND DIRECTORS		<div style="text-align: right; padding: 10px;">1100000465814 03/22/06-80050-012 150.00</div> <div style="text-align: center; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>				
TITLE	D					
NAME	WEBSTER, BARBARA					
STREET ADDRESS	11715 S.W. 135 PLACE					
CITY- ST- ZIP	MIAMI, FL					
TITLE	D					
NAME	WEBSTER, PETER					
STREET ADDRESS	11715 S.W. 135 PLACE					
CITY- ST- ZIP	MIAMI, FL					
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
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: <u><i>Barbara Webster</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/27/06 305-387-0031 <small>Date Daytime Phone</small>				