2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033791

1. Entity Name , MAID FOR YOU, LLC



FILED
Jul 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

220 18TH AVE NW NAPLES, FL 34120

Mailing Address 220 18TH AVE NW NAPLES, FL 34120



DO NOT WRITE IN THIS SPACE

07052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2634028

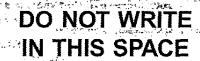
Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRIAM, MONICA F 220 18TH AVE NW NAPLES, FL 34120



West, and the second

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE.

Filing Fee is \$50.00 Due by September 14, 2007

U00000769070 07/16/07-80012-023 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	MGRM MERRIAM, MONICA F 210 JOHNNYCAKE DR. NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRIAM, CASEY J 210 JOHNNYCAKE DR. NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP		
DITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

760

239)253-2768

Date

Daytime Phone #