2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000404

1. Entity Name
PARAGON CLEANING SERVICES, LLC

Principal Place of Business	Mailing Address
175 SAND DRIVE NAPLES, FL 34104	175 SAND DRIVE NAPLES, FL 34104

2. Principal Place of Business
520 AUGUSTA BLVD
Suite, Apt. #, etc. *B-102*
City & State *NAPLES FL*
Zip *34113*   Country

3. Mailing Address
520 AUGUSTA BLVD
Suite, Apt. #, etc. *B-102*
City & State *NAPLES FL*
Zip *34113*   Country

4. FEI Number
26-0095840
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAWSON, DIANE 520 AUGUSTA BLVD. B-102 NAPLES, FL 34113	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 _____
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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: CHEW, CLARENCE E STREET ADDRESS: 520 AUGUSTA BLVD. B-102 CITY-ST-ZIP: NAPLES, FL 34113	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: MGR NAME: DAWSON, DIANE B STREET ADDRESS: 520 AUGUSTA BLVD. B-102 CITY-ST-ZIP: NAPLES, FL 34113	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: *Diane Chew, Diane Chew, Pres*   *4-7-06*   *239-572-1968*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #