2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84769

Entity Name: BRITE STAR CLEANERS, INC.

FILED Jan 15, 2007 Secretary of State

Current Principal P	Place of Business:	New Princip	pal Place of	Business

 C/O WILLIAM SIMS, JR.
 C/O LAVERN MICHELLE SIMS

 5751 N. MAIN ST., STE. 201
 5751 N. MAIN ST., STE. 201

 JACKSONVILLE, FL 322085329
 JACKSONVILLE, FL 322085329

Current Mailing Address: New Mailing Address:

 C/O WILLIAM SIMS, JR.
 C/O LAVERN MICHELLE SIMS

 5751 N. MAIN ST., STE. 201
 5751 N. MAIN ST., STE. 201

 JACKSONVILLE, FL 322085329
 JACKSONVILLE, FL 322085329

FEI Number: 59-2895132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DOUD, CLINTON L 6620 SOUTHPOINT DR NO STE 210 BOX 10 JACKSONVILLE, FL 32216 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SIMS, JR. W
 Name:
 SIMS, LAVERN M

 Address:
 5034 CINANCY CT
 Address:
 5034 CINANCY CT

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32277

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 SIMS, WILLIAM, JR.,
 Name:
 SIMS, LAVERN M,

 Address:
 5034 CINANCY CT
 Address:
 5034 CINANCY CT

 City-St-Zip:
 JACKSONVILLE, FL 32277
 City-St-Zip:
 JACKSONVILLE, FL 32277

Title: VSTP (X) Delete Title: () Change () Addition

 Name:
 SIMS, MICHELLE
 Name:

 Address:
 5034 CINANCY CT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32277
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAVERN MICHELLE SIMS PD 01/15/2007