

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90096 050 \*\*\*150.00

**DOCUMENT # P00000003786**

1. Entity Name  
**DAZZLE CLEANING SERVICES, INC.**



Principal Place of Business      Mailing Address

13215 HARBOUR VISTA CR.      13215 HARBOUR VISTA CR.  
 SAINT AUGUSTINE, FL 32080 US      SAINT AUGUSTINE, FL 32080 US

2. Principal Place of Business      3. Mailing Address

*1068 Mindello Ave*      *1068 Mindello Ave.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04062006    Chg-P    CR2E034 (11/05)

City & State      City & State

*St. Augustine Fl.*      *St. Augustine Fl.*

Zip      Country      Zip      Country

*32086*      *St. John's*      *32086*      *St. John's*

4. PEI Number      Applied For

**59-3618704**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCULLA, KATHY**  
 13215 HARBOUR VISTA CIRCLE  
 SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*1068 Mindello Ave*

City      State      Zip Code

*St. Augustine*      **FL**      *32086*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PVTS <input type="checkbox"/> Delete
NAME	MCCULLA, KATHERINE
STREET ADDRESS	1068 MINDELLO AVE
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kathy McCulla*      Date: *4/10/06*      Daytime Phone #: *904-377-2077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #