## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 03, 2006 08:00 AM Secretary of State DOCUMENT # P00000005746 t. Entity Name ST. LUCIE CLEANERS, INC. Principal Place of Business Mailing Address 2057 SW CAPEADOR ST 904 S.W. ST. LUCIE WEST BLVD. PORT SAINT LUCIE, FL 34953 PORT ST LUCIE, FL 34986 04302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0977853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LABIANCA, DORETTA DO NOT WRITE 2057 SW CAPEADOR STREET PORT ST LUCIE, FL 34953 IN THIS SPACE 5. 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 Synature, typed or printed name of registered agent and tifle if approcable. (NOTE: Registered Agent agreture required when re-instating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VPD ANT. LABIANCA, DORETTA NAME 2057 SW CAPEADOR STREET STREET ADDRESS PORT ST LUCIE, FL 34953 DITY-57-22 RTLE LABIANCA, MIKE NAVE STREET ADORESS 2057 SW CAPEADOR STREET CHY-ST-ZP PORT ST LUCIE, FL 34953 U00000560495 85/18/06-80042-007 150.00 TITLE NAME STREET ACCRESS DO NOT WRITE City-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-AP 12. I hereby certify that the information supplied with this filling does not quality 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 it 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.

FILED