


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000005746	
1. Entity Name ST. LUCIE CLEANERS, INC.	

Principal Place of Business 904 S.W. ST. LUCIE WEST BLVD. PORT ST LUCIE, FL 34986	Mailing Address 2057 SW CAPEADOR ST PORT SAINT LUCIE, FL 34953
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04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0977853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LABIANCA, DORETTA 2057 SW CAPEADOR STREET PORT ST LUCIE, FL 34953	
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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 _____ (NOTE: Registered Agent signature required when registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VPD	NAME LABIANCA, DORETTA
STREET ADDRESS 2057 SW CAPEADOR STREET	CITY-ST-ZIP PORT ST LUCIE, FL 34953
TITLE PD	NAME LABIANCA, MIKE
STREET ADDRESS 2057 SW CAPEADOR STREET	CITY-ST-ZIP PORT ST LUCIE, FL 34953
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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05/04/07-80008-025 150.00

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:  **4/18/07** **(772) 359 5755**

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