2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P00000080579** 1. Entity Name EADY'S LAUNDROMAT, INC. Principal Place of Business Mailing Address 3741-3743 NORTHWEST 167TH STREET 3741-3743 NORTHWEST 167TH STREET MIAMI, FL 33055 MIAMI, FL 33055 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1035607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EADY, MIGHAEL D DO NOT WRITE 16770 NW 37TH AVENUE MIAMI, FL 33134 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent argusture required when reinstating) Signature typed or printed name of registered agent and little if applicable DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVTS** BBF NAME EADY, MICHAEL D STREET ADDRESS 16770 N.W. 37TH AVENUE U00000527157 MIAMI, FL 33055 CITY-ST-ZIP 05/04/06-80101-016 isn.nd THIF NAVE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fifting 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 accuracy and that my signature shall have the same legal offect as if made under early that I am an officer or director of the corporation or the receiver or typice on covered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachight with an adoless, with all other the composition of the corporation.

SIGNATURE:

Hill NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR