


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000082255</b>	
<b>1. Entity Name</b> THE CLEANING LADY, INC.	

<b>Principal Place of Business</b> 4112 BELL TOWER COURT BELLE ISLE, FL 32812	<b>Mailing Address</b> 4112 BELL TOWER COURT BELLE ISLE, FL 32812
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**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3670230	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

JANE, DAKSHANUMI M  
4112 BELL TOWER COURT  
BELLE ISLE, FL 32812

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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. I am familiar with, and accept the obligations of registered agent.**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD JANE, MUNECA O 4112 BELL TOWER COURT BELLE ISLE, FL 32812
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD JANE, DAKSHAMUNI M 4112 BELL TOWER COURT BELLE ISLE, FL 32812
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03/08/06 80025-018 150.00

**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:** Muneca O. Jane **2/21/06 407 856-9945**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #