


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90197 038 ***150.00

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| DOCUMENT # P00000106209 | |  |
| 1. Entity Name KLEEN BEE'S GENERAL SERVICES INC. | | |

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| Principal Place of Business 2710 DEL PRADO BLVD S SUITE 2-200 CAPE CORAL, FL 33904 US | Mailing Address 2710 DEL PRADO BLVD S SUITE 2-200 CAPE CORAL, FL 33904 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40000000



03142006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1054441 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BURNS, DOREEN A 511 SE 8TH TERRACE CAPE CORAL, FL 33990 | |
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| 7. Name and Address of New Registered Agent Name BURNS, DOREEN A. Street Address (P.O. Box Number is Not Acceptable) 333 N.W. 25 TERACE City Cape CORAL FL Zip Code 33993 | |
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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 <u><i>Doreen A. Burns (agent address change only)</i></u> 4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNS, DOREEN A 2710 DEL PRADO BLVD, STE 2-200 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNS, TODD F 2710 DEL PRADO BLVD, STE 2-200 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | |
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| SIGNATURE: <u><i>Doreen A. Burns</i></u> Doreen A. BURNS 4-25-06 239-281-4144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |
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