

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106481

FILED  
Mar 22, 2006  
Secretary of State

Entity Name: MASTERCARE DRY CLEANING CENTERS, INC.

## Current Principal Place of Business:

4141 SOUTH TAMIAMI TRAIL  
SUITE 21  
SARASOTA, FL 34231

## New Principal Place of Business:

4857 THREE OAKS BLVD  
SARASOTA, FL 34233

## Current Mailing Address:

4141 SOUTH TAMIAMI TRAIL  
SUITE 21  
SARASOTA, FL 34231

## New Mailing Address:

4411 BEE RIDGE ROAD  
# 507  
SARASOTA, FL 34233

FEI Number: 65-1063153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLGAN, WALTER P  
4141 SOUTH TAMIAMI TRAIL  
SUITE 21  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

COLGAN, WALTER P  
4857 THREE OAKS BLVD.  
SARASOTA, FL 34233 US

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.

SIGNATURE:

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLGAN, WALTER P  
Address: 4857 THREE OAKS BLVD  
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete  
Name: COLGAN, CHARLENE A  
Address: 4857 THREE OAKS BLVD  
City-St-Zip: SARASOTA, FL 34233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COLGAN, WALTER P  
Address: 4857 THREE OAKS BLVD  
City-St-Zip: SARASOTA, FL 34233

Title: V, S (X) Change ( ) Addition  
Name: COLGAN, CHARLENE A  
Address: 4857 THREE OAKS BLVD  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER COLGAN

P

03/22/2006

Electronic Signature of Signing Officer or Director

Date