2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000089334

FILED Aug 08, 2005 Secretary of State

Entity Name: MAID FO	R YOU JANITORIAL, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
615 JASMINE ST, SUITE TARPON SPRINGS, FL			
Current Mailing Address:		New Mailing Address:	
P.O. BOX 997 TARPON SPRINGS, FL	34688		
FEI Number: 59-3735581	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of C	Current Registered Agent:	Name and Address of New Registered Agent:	
SHALLO, CHRISTIAAN E P.O. BOX 997 TARPON SPRINGS, FL			
The above named entity sin the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATURE:			
Electron	ic Signature of Registered Age	ent	Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition SHALLO, CHRISTIAAN D SHALLO, CHRISTIAAN D Name: Name: P.O. BOX 997 Address: Address: P.O. BOX 997 City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 SHALLO, CHERIE L

 Address:
 Address:
 P.O. BOX 997

 City-St-Zip:
 City-St-Zip:
 TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTIAAN SHALLO P 08/08/2005