
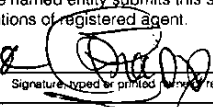
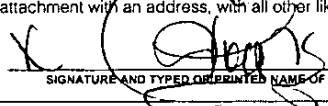



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90069 049 ***150.00

DOCUMENT # P02000056782 1. Entity Name CHRISTINA'S COIN LAUNDRY, INC.			
Principal Place of Business 1405 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32169		Mailing Address 1105 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32169	
2. Principal Place of Business - No P.O. Box # 231 Quay Assisi		3. Mailing Address P.O. Box 689	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State New Smyrna Beach FL		City & State New Smyrna Beach, FL	
Zip 32169		Zip 32170	
Country USA		Country USA	
4. FEI Number 04-3672288		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, CHRIS 1405 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 231 Quay Assisi City & State New Smyrna Beach FL Zip Code 32169	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAPPAS, CHRIS 188 AVERAGEMAN AVE NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 689 New Smyrna Beach FL 32170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPPAS, SOULA 1405 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 689 New Smyrna Beach FL 32170
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	