2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# P02000070145

Entity Name: C&D LINEN SERVICES, INC.

Current Principal Place of Business:

2363 OAK CREEK CIR
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

PO BOX 360787
MELBOURNE, FL 32936

New Mailing Address:

716 SOUTH PATRICK DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 01-0725296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADALA, BARBARA
2363 OAK CREEK CIR
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: FISHER, CAROL
Address: 2363 OAK CREEK CIR
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: GULLINGSRUD, MARIANNE
Address: 2363 OAK CREEK CIR
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: SCHULZ, DONNA
Address: 4880 SILVER OAKS BLVD
City-St-Zip: MELBOURNE, FL 32938

Title: D ( ) Delete
Name: SADALA, BARBARA
Address: 2363 OAK CREEK CIR
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: GULLINGSRUD, MARIANNE
Address: 2363 OAK CREEK CIR
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SADALA, THOMAS F VP SALE
Address: 2363 OAK CREEK CIRCLE
City-St-Zip: MELBOURNE, FL 32935

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: DONNA SCHULZ D 02/24/2006

Electronic Signature of Signing Officer or Director — Date