2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000112659

1. Entity Name

I AM CLEANING, INC.



FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90083 031 ***150.00

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Principal Place	of Business	Mailing Address	~	The state of the s					
2419 WELLS	S AVENUE	2419 WELLS AVENUE	決得		A Basing	4005334	4.7.1		in the
SARASOTA	FL 34232	SARASOTA FL' 34232'	•	i Palipi Miling Milingri da Nazari i padaga	4				111
A D I D		2 Malina Adminis			_				
z. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			15	t MOORE	CR2E03	4 (10/05)	
City & State	;	City & State			4. FEI Numb	per po coorto	•	Ap	plied For
		Zio County				60-000516	2		t Applicable
Zip	Country	Zip	Count	try	5. Certificate	e of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	·——	Name	7. Name an	d Address of New	Registered	Agent		
HUD	DLESTON, ANN M		-		Street Address (P.O. Box Number is Not Acceptable)				
2419	O WELLS AVENUE ASOTA FL 34232			Street Address	(P.O. Box Numb	per is Not Acceptab	e)		
SAK	ASOTA FL 34232								
			ĺ	City			Fl	Zip Code	•
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.									
the obligations of registered agent.									
SIGNATURE	Significe. Neconcerning name beregistered agen	and title if applicable (NOTE	F. Regislered	1 Agent signature require	ed when reinslating)		DATE		
	DE NOW!!! FEE IS \$150.00	2 0 4 3				9. Election Camp	aion Finan	cine \$5 (00 May Be
	May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department of					Trust Fund Co	_		d to Fees
10.	OFFICERS AND	1	11.		ADDITIONS	L /CHANGES TO OF	FICERS AN	D DIRECTOR:	SIN 11
	D	☐ Delete	TITLE					Change	☐ Addition
f	HUDDLESTON, ANN M 2419 WELLS AVENUE		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34232		CITY-	-ST-ZIP					
TITLE NAME	P HUDDLESTON, ANN M	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	2419 WELLS AVENUE		STREE	ET ADDRESS					
CHY-ST-ZIP	SARASOTA FL 34232	Delg'o	CITY-	-ST-ZIP	···········			Channe	Addition
	HUDDLESTON, ANN M		NAME	=	*			THE VITALISTS	
	2419 WELLS AVENUE SARASOTA FL 34232		L	ET ADDRESS -ST-ZIP					}
TITLE	T 34232	☐ Delete	TITLE					☐ Change	Addition
	HUDDLESTON, ANN M		NAME						ļ
	2419 WELLS AVENUE SARASOTA FL 34232			ET ADDRESS - ST- ZIP					l
TITLE		☐ Delete	TITLE			•		☐ Change	Addition
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CITY-ST-ZIP			CITY	-ST-ZIP					<u> </u>
HILE		☐ Delete	TITLE	Į.				Change	Addition (
NAME STREET ADDRESS				et address					
CHY-S1-ZIP		About a City		-ST-ZIP		10. Florida Crass	1 4	position the same of the co	ploractic
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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									
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: LAM R Guddleston 4/17/06									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prons &									