

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2006 90083 031 ***150.00

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1. Entity Name

I AM CLEANING, INC.

Principal Place of Business

2419 WELLS AVENUE
 SARASOTA FL 34232

Mailing Address

2419 WELLS AVENUE
 SARASOTA FL 34232



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

60-0005162

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDDLESTON, ANN M
 2419 WELLS AVENUE
 SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature of the current registered agent and file if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: HUDDLESTON, ANN M
 STREET ADDRESS: 2419 WELLS AVENUE
 CITY-ST-ZIP: SARASOTA FL 34232

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: P Delete
 NAME: HUDDLESTON, ANN M
 STREET ADDRESS: 2419 WELLS AVENUE
 CITY-ST-ZIP: SARASOTA FL 34232

TITLE: Change Addition
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TITLE: C Delete
 NAME: HUDDLESTON, ANN M
 STREET ADDRESS: 2419 WELLS AVENUE
 CITY-ST-ZIP: SARASOTA FL 34232

TITLE: Change Addition
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TITLE: T Delete
 NAME: HUDDLESTON, ANN M
 STREET ADDRESS: 2419 WELLS AVENUE
 CITY-ST-ZIP: SARASOTA FL 34232

TITLE: Change Addition
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TITLE: Change Addition
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12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann M Huddleston*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/17/06*
 Daytime Phone #