2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P03000116508 1. Entity Name D. J. CLEANERS OF MELBOURNE, INC. Principal Place of Business Mailing Address 1900 BABCOCK ST 1900 BABCOCK ST MELBOURNE, FL 32901 MELBOURNE, FL 32901 04302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1190260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PELLERIN, PATRICIA A DO NOT WRITE 298 BRIGHTWATER DR PALM BAY, FL 32909 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DILE PELLERIN, PATRICIA A NAME 298 BRIGHTWATER DR. STREET ADDRESS *U00000*56843**0** PALM BAY, FL 32909 CITY-ST-ZIP 05/18/06-80038-010 150,00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZiP TITLE MAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of Sopplemental 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 of the received 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 attactment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

STREET ADDRESS CITY-ST-ZIP

FILED