

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139414

Entity Name: SMILEY CLEANING, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

18935 MADISON AVE  
ORLANDO, FL 32820 US

**New Principal Place of Business:**

**Current Mailing Address:**

18935 MADISON AVE  
ORLANDO, FL 32820 US

**New Mailing Address:**

FEI Number: 84-1628901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMILEY, DUWANNA  
18935 MADISON AVE  
ORLANDO, FL 32820 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: P ( ) Delete  
Name: SMILEY, DUWANNA F  
Address: 18935 MADISON AVE  
City-St-Zip: ORLANDO, FL 32820 US

Title: VP ( ) Delete  
Name: MARTIN, AMY  
Address: 18633 14TH AVE  
City-St-Zip: ORLANDO, FL 32833 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DUWANNA SMILEY

PRES

04/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date