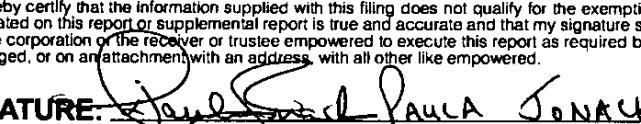


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 15, 2006 8:00 am
Secretary of State**

05-15-2006 90039 013 ***150.00

DOCUMENT # P03000142476			
<p>1. Entity Name ALL-BRITE PROFESSIONAL CLEANING SERVICES, INC.</p>			
<p>Principal Place of Business 2016 PAR RD SEBRING, FL 33872</p>		<p>Mailing Address 2016 PAR RD SEBRING, FL 33872</p>	
<p>2. Principal Place of Business</p>		<p>3. Mailing Address</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>	
<p>City & State</p>		<p>City & State</p>	
Zip	Country	Zip	Country
<p>6. Name and Address of Current Registered Agent</p>			
<p>JONACK, PAULA 2016 PAR RD SEBRING, FL 33872</p>		<p>Name Street Address City</p>	
<p>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</p>			
<p>SIGNATURE _____</p>		<p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</p>	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$500.00</p>	
<p>10. OFFICERS AND DIRECTORS</p>			
<p>TITLE: D NAME: JONACK, PAULA STREET ADDRESS: 2016 PAR RD CITY-ST-ZIP: SEBRING, FL 33872</p>		<p><input type="checkbox"/> Delete</p>	
<p>TITLE: D NAME: THOMAS, SHIRLEY STREET ADDRESS: 3422 GRAND PRIX DR CITY-ST-ZIP: SEBRING, FL 33870</p>		<p><input checked="" type="checkbox"/> Delete</p>	
<p>TITLE: D NAME: DYER, KATHY STREET ADDRESS: 2016 PAR ROAD CITY-ST-ZIP: SEBRING, FL 33872</p>		<p><input type="checkbox"/> Delete</p>	
<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: </p>		<p><input type="checkbox"/> Delete</p>	
<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: </p>		<p><input type="checkbox"/> Delete</p>	
<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: </p>		<p><input type="checkbox"/> Delete</p>	
<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: </p>		<p><input type="checkbox"/> Delete</p>	
<p>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, changed, or on an attachment with an address, with all other like empowered.</p>			
<p>SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			