

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 22, 2006  
Secretary of State**

DOCUMENT# P04000000237

Entity Name: SANDRA WILKINS CLEANING SERVICE INC.

**Current Principal Place of Business:**

18143 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

18143 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

FEI Number: 50-0005103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILKINS, SANDRA  
18143 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILKINS, SANDRA  
Address: 18143 HAMLIN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP ( ) Delete  
Name: WILKINS, DAN  
Address: 18143 HAMLIN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP ( ) Delete  
Name: WILKINS, JEFF  
Address: 18143 HAMLIN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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

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

Title: VP (X) Change ( ) Addition  
Name: SMITH, EMMA  
Address: 18143 HAMLIN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF WILKINS

VP

08/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date