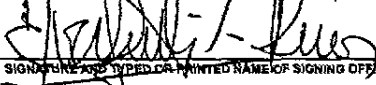


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000012488		
1. Entity Name LINDA'S OLD FASHIONED CLEANING SERVICE, INC.		
Principal Place of Business 1773 FOUR MILE COVE PKWY SUITE #1110 CAPE CORAL, FL 33990	Mailing Address 1773 FOUR MILE COVE PKWY SUITE #1110 CAPE CORAL, FL 33990	 04282006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 20-0600710		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent BROOKS FINANCIAL SERVICES, PA 923 SW 33RD STREET CAPE CORAL, FL 33914		DO NOT WRITE 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.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000546372 05/11/06-80102-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREIRA, ERMALINDA 1773 FOUR MILE COVE PKWY., SUITE #1110 CAPE CORAL, FL 33914	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/26/06 Daytime Phone # (239) 3573811