2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 27, 2006 08:00 AM DOCUMENT # P04000051974 **Secretary of State** 1. Entity Name FINE TOUCH CLEANING, INC. Principal Place of Business Mailing Address 2815 WILDER PARK DR. PLANT CITY FL 33566 2815 WILDER PARK DR. PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-0880739 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOHO, RENEE Street Address (P.O. Box Number is Not Acceptable) 2815 WILDER PARK DR. PLANT CITY FL 33566 Zip Code 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 accethe obligations of registered agent. SIGNATURE Signature, typed or pretted name of registered agent and titlp if applicable DATE INOTE: Redistered Apent proneture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delele TITLE ☐ Change ☐ Addition NAME YOHO, RENEE MAME UUUUU471145 STREET ADDRESS 2815 WILDER PARK DR. STREET ADDRESS U4/11/U6-80013-013 150.00 CITY-SI-IP PLANT CITY FL 33566 CITY-ST-ZIP THILE ☐ Defete ☐ Change III Magai MALA NAME STREET ADDRESS STREET ADDRESS City-St-202 CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Mi<sup>r</sup> Tille STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CATY-ST-ZIP Defete RITLE Channe ☐ Addis NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change A.C. NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7/P CITY-ST-ZIP 3331 F ☐ Delete HILE ☐ Change ☐ Adultit NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, that I am an officer or director of the corporation or the receiver at roctice 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.

3-24-06

**FILED**