


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-10-2006 90016 008 *****8.75
03-13-2006 90054 018 ***141.25

DOCUMENT # P04000092353	
1. Entity Name MIMI'S CLEANING SERVICE, INC.	

Principal Place of Business 21 ELKWOOD CT. WINTER SPRINGS FL 32708 US	Mailing Address 21 ELKWOOD CT. WINTER SPRINGS FL 32708 US
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business 21 Elkwood Ct. Suite, Apt. #, etc.	3. Mailing Address 21 Elkwood Ct. Suite, Apt. #, etc.
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City & State Winter Springs, Fl.	City & State Winter Springs, Fl.
Zip 32708	Zip 32708
Country USA	Country USA

4. FEI Number 20-1289951	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent BUDDENHAGEN, MELISSA 21 ELKWOOD CT. WINTER SPRINGS FL 32708	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 accept the obligations of registered agent.	
SIGNATURE <u><i>Melissa Buddenhagen</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable</small>	DATE <u><i>1/30/06</i></u> <small>(NOTE: Registered Agent signature required when resigning)</small>

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P BUDDENHAGEN, MELLISSA B 21 ELKWOOD CT. WINTER SPRINGS FL 32708	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SEC BUDDENHAGEN, ANDY 21 ELKWOOD CT WINTER SPRINGS FL 32708	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <u><i>Melissa Buddenhagen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u><i>1/30/06</i></u> DAYTIME PHONE # <u><i>407-865-4813</i></u>



ATTACHMENT

40028608

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2006

MIMI'S CLEANING SERVICE, INC.
21 ELKWOOD CT.
WINTER SPRINGS, FL 32708 US

Subject: MIMI'S CLEANING SERVICE, INC.

Reference Number: P04000092353

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$141.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION