

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90149 039 \*\*\*150.00

**20029509**



04052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000121941</b>		
1. Entity Name <b>REBECCA'S INTERIOR CLEANING INC.</b>		

Principal Place of Business <b>15160 RIVERBEND BLVD #403 NORTH FORT MYERS, FL 33917 US</b>	Mailing Address <b>15160 RIVERBEND BLVD #403 NORTH FORT MYERS, FL 33917 US</b>
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2. Principal Place of Business <b>6337 PGA DRIVE</b>	3. Mailing Address <b>6337 PGA DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NORTH FORT MYERS, FL.</b>	City & State <b>NORTH FORT MYERS, FL.</b>
Zip <b>33917</b>	Zip <b>33917</b>
Country	Country

6. Name and Address of Current Registered Agent <b>PATTERSON, CYNTHIA L 15160 RIVERBEND BLVD #403 NORTH FORT MYERS, FL 33917</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE **4-07-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATTERSON, CYNTHIA L 15160 RIVERBEND BLVD #403 NORTH FORT MYERS, FL 33917</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROWELL, KRYSTAL D 8092 TOLLES DRIVE NORTH FORT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT REBECCA DELTORO 6337 PGA DRIVE NORTH FT. MYERS FL 33917</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SMITH, DENNIS M 15160 RIVERBEND BLVD # 403 NORTH FORT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *Cynthia L. Patterson* DATE: **4-07-05** DAYTIME PHONE #: **(239) 567-0131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR