


FILED
May 01, 2006 8:00 am
Secretary of State

03-21-2006 90038 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/21/06

DOCUMENT # P05000031156					
1. Entity Name ADR. CLEANING SERVICES INC.					
Principal Place of Business 1712 BLIND POND AVE LUTZ, FL 33549			Mailing Address 1712 BLIND POND AVE LUTZ, FL 33549		
2. Principal Place of Business			3. Mailing Address		
Succ. Apt. #, etc.			Succ. Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 542167563				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINERO, ADRIAN 1712 BLIND POND AVE LUTZ, FL 33549			7. Name and Address of New Registered Agent Walden Lake Business Services Inc 300 E. BAKER ST SUITE D Plant City FL 33563		
8. The above named entity certifies the accuracy of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am further authorized and accept the obligations of registered agent.					
SIGNATURE: WALDEN LAKE BUSINESS SERVICES INC <i>Walden Lake Business Services</i>					
9. Election Concerning Phrasing Trust Fund Contribution <input type="checkbox"/> \$5,000 may be Added to Paid					
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY - ST - ZIP	PT PINERO, ADRIAN 1712 BLIND POND AVE LUTZ, FL 33549	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP	VS OSANDO, ALCIA 1712 BLIND POND AVE LUTZ, FL 33549	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Date	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 Chapter 199, Florida Statutes. I further certify that the information reflected on this report or supplementary 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, trustee or liquidator 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 in an appropriate block or blocks, with all other the incorporators.					
SIGNATURE: <i>Adrian Pintero</i> ADRIAN PINERO DIR 3-15-06					