


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90026 023 ***150.00

DOCUMENT # P05000038944

1. Entity Name
 KORVETTE KLEANING, INC.



Principal Place of Business Mailing Address

202 SW CRESCENT AVENUE 202 SW CRESCENT AVENUE
 PORT ST. LUCIE, FL 34984 US PORT ST. LUCIE, FL 34984 US

20048978

2. Principal Place of Business 3. Mailing Address

RRI Box 521 *RRI Box 521*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

HOBOKEN GA *HOBOKEN GA*

Zip Country Zip Country

31542 *USA* *31542* *USA*



4. FEI Number Applied For

20-2492043 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONRAD, KIMBERLY
 202 SW CRESCENT AVENUE
 PORT ST. LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name *William Pembroke*

Street Address (P.O. Box Number is Not Acceptable)
8517 SOUTH US 1

City State Zip Code

PORT ST. LUCIE *FL* *34952*

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]* *William Pembroke* *6/6/06*

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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	CONRAD, KIMBERLY
STREET ADDRESS	202 SW CRESCENT AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	VP <input type="checkbox"/> Delete
NAME	STARR, DANIEL
STREET ADDRESS	202 SW CRESCENT AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>RRI Box 521</i>
CITY-ST-ZIP	<i>HOBOKEN GA 31542</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>RRI Box 521</i>
CITY-ST-ZIP	<i>HOBOKEN GA 31542</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* *KIMBERLY CONRAD* *772-370-9075*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT