2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041864

Mar 13, 2006 Secretary of State

FILED

Entity Name: JM LINEN SERVICES AND RETAIL MERCHARDISE, INC.

Current Principal Place of Business: New Principal Place of Business: 12220-105 WILD IRIS WAY 2646 NORTH OBT ORLANDO, FL 32837 KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** PO BOX 772432 ORLANDO, FL 32877 FEI Number: 20-4297948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, MARIBEL 12220-105 WILD IRIS WAY ORLANDO, FL 32837 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RAMOS, JOSUE Name: Name: 12220-105 WILD IRIS WAY Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: RAMOS, ARMANDO Name: LOPEZ, MARIBEL 3178 WHOOPING CRANE CR PO BOX 772432 Address: Address: KISSIMMEE, FL 34741 City-St-Zip: ORLANDO, FL 32877 City-St-Zip: Title: Title: (X) Delete () Change () Addition LOPEZ, SHEILA Name: Name: 3178 WHOOPING CRANE CR. Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: (X) Delete Title: () Change () Addition LOPEZ, MARIBEL Name: Name: Address: PO BOX 773432 Address: City-St-Zip: ORLANDO, FL 32877 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIBEL LOPEZ M 03/13/2006