

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90018 001 ***150.00

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02092006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000101221 1. Entity Name DOROTHY'S CLEANING, INC.					
Principal Place of Business 2815 B. AMERICANA AVENUE TAMPA, FL-33613			Mailing Address 2815 B. AMERICANA AVENUE TAMPA, FL-33613		
2. Principal Place of Business 12101 N. Dale Mabry 1301-1 Suite, Apt. #, etc.		3. Mailing Address 12101 N. Dale Mabry 1301-1 Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL 33618		4. FEI Number 20-3171801	
Zip 33618		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent H.B. ROSS & CO. 5243 GALT BLVD SUITE 4 ZEPHYRHILLS, FL-33542				7. Name and Address of New Registered Agent Name Dorothy Hill Street Address (P.O. Box Number is Not Acceptable) 12101 N. Dale Mabry 1301-1 City Tampa State FL Zip Code 33618	
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>Dorothy V. Hill</i></u> DATE <u><i>2/9/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, DOROTHY 2815 B. AMERICANA AVENUE TAMPA, FL-33613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> 12101 N. Dale Mabry Hwy 1301-1 Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 <u><i>Dorothy V. Hill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>2/9/06</i></u> Daytime Phone # <u><i>1-813-961-4282</i></u>		