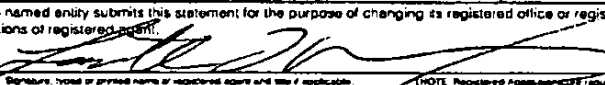
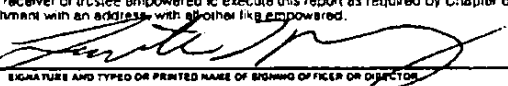


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

05-01-2006 90380 019 ***150.00

DOCUMENT # P05000106803			
1. Entity Name LORI'S CLEANING SERVICES, INC.			
Principal Place of Business 1150 WEST OAK PARK BLVD HOMOSASSA, FL 34446 US		Mailing Address 1150 WEST OAK PARK BLVD HOMOSASSA, FL 34446 US	
2. Principal Place of Business		3. Mailing Address 18445 RIGSBY RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SPRINGHILL FL.	
Zip	Country	Zip	Country FLOR.
34610		34610	
4. FEI Number 20-3231803		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, LORI 1150 WEST OAK PARK BLVD HOMOSASSA, FL 34446		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 4-28-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 MURRAY, LORI 1150 WEST OAK PARK BLVD HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 another filing empowered.			
SIGNATURE: 		DATE 4-28-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	