


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 049 ***150.00

DOCUMENT # P05000110665	
1. Entity Name MONIQUE'S CLEANING SERVICE, INC.	

Principal Place of Business 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804 US	Mailing Address 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804 US
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2. Principal Place of Business 5148 Edwina St.	3. Mailing Address 5148 Edwina St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, Florida	City & State Orlando, FL
Zip 32811	Zip 32811
Country Orange	Country Orange

08262006 Chg-P CR2E034 (11/05)



4. FEI Number 20-3273846		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLDEN, KIMBERLY M 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804		
7. Name and Address of New Registered Agent Name Blackiston Kimberly Street Address (P.O. Box Number is Not Acceptable) 5148 Edwina St City Orlando, FL Zip Code 32811		

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, 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. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete HOLDEN, KIMBERLY M 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blackiston, Kimberly 5148 Edwina St. Orlando, FL 32811
TITLE VP	<input type="checkbox"/> Delete HOLDEN, KIMBERLY M 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blackiston Kimberly 5148 Edwina St. Orlando, FL 32811
TITLE SEC	<input type="checkbox"/> Delete HOLDEN, KIMBERLY M 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804	TITLE SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blackiston, Kimberly 5148 Edwina St Orlando, FL 32811
TITLE TREA	<input type="checkbox"/> Delete HOLDEN, KIMBERLY M 225 EAST NEW HAMPSHIRE STREET #11 ORLANDO, FL 32804	TITLE Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blackiston, Kimberly 5148 Edwina St Orlando, FL 32811
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<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 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: Kimberly Blackiston / President 8/20/06 (407) 766-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STATE OF FLORIDA
MARRIAGE RECORD
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

ATTACHMENT

40102152

State of FLORIDA, County of ORANGE, I hereby certify that this is a true and correct copy of the document as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER

By: *[Signature]*

Dated: *NOV 17 2005*



INSTR 20050780698
OR BK 08309 PG 2241 PGS=1
MARTHA O. HAYNIE, COMPTROLLER
ORANGE COUNTY, FL
11/17/2005 10:46:23 AM
REC FEE 0.00
LAST PAGE

MLO-05-0007125

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) TERRANCE DION BLACKISTON			2. DATE OF BIRTH (Month, Day, Year) 03/08/1968		
3a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO		3b. COUNTY ORANGE		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) KIMBERLY MONIQUE HOLDEN			5b. MAIDEN SURNAME (if different) REYNOLDS		
7a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO		7b. COUNTY ORANGE		7c. STATE FLORIDA	
			6. DATE OF BIRTH (Month, Day, Year) 08/27/1971		
			8. BIRTHPLACE (State or Foreign Country) FLORIDA		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Terrance Dion Blackiston</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/07/2005	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Martha S. Mullis</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Kimberly Monique Holden</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/07/2005	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Martha S. Mullis</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ORANGE	18. DATE LICENSE ISSUED 11/07/2005	18a. DATE LICENSE EFFECTIVE 11/10/2005	19. EXPIRATION DATE 01/06/2006
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20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>	20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY D.C. <i>[Signature]</i>
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CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) November 10, 2005		22. CITY, TOWN, OR LOCATION OF MARRIAGE Orlando, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Alison Brosch</i>		23c. ADDRESS (Of person performing ceremony) 654 Putnam Avenue Orlando FL	
23b. NAME AND ADDRESS OF PERSON PERFORMING CEREMONY ALISON BROSCH Commission # 000174283 Expires 12/28/2008 Bonded through The Ministry Assoc., Inc.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

SEAL



26. SOCIAL SECURITY NUMBER		27. RACE		28. WERE YOU EVER PREVIOUSLY		IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 28a, 28b, and 28c	
						28a. NO. OF THIS	
						28b. LAST MARRIAGE ENDED BY	
						28c. DATE LAST MARRIAGE ENDED (Mo, Day, Year)	
GROOM							
BRIDE							

OH Form 743, April 98 (Replaces Feb. 91 edition)