

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

57.

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-02-2006 90231 003 ***150.00

DOCUMENT # P05000110772 1. Entity Name PRINCESS CLEANING SERVICE OF BREVARD, INC.					
Principal Place of Business 2321 MANTILLA AVENUE SE PALM BAY, FL 32909			Mailing Address 2321 MANTILLA AVENUE SE PALM BAY, FL 32909		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172006 Chg-P CR2E034 (11/05)	
Zip	Country	Zip	Country	4. FEI Number 20-3290551	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRIFFITH, STEPHANIE L 2321 MANTILLA AVENUE PALM BAY, FL 32909				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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		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 GRIFFITH, STEPHANIE L 2321 MANTILLA AVENUE PALM BAY, FL 32909	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFITH, STEPHANIE L 2321 MANTILLA AVENUE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFITH, STEPHANIE L 2321 MANTILLA AVENUE PALM BAY, FL 32909	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Stephanie Griffith</i> Date: <i>4/27/06</i> Daytime Phone: <i>321-953-6130</i>		

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