


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000130437 1. Entity Name AMERICAN MAID CLEANING AND JANITORIAL SERVICES, INC.	
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Principal Place of Business 1567 BARRINGTON CIRCLE ST AUGUSTINE, FL 32092	Mailing Address 1567 BARRINGTON CIRCLE ST AUGUSTINE, FL 32092
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0801240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**OLSEN, MARIA F
1567 BARRINGTON CIRCLE
ST AUGUSTINE, FL 32092**

**DO NOT WRITE
IN THIS SPACE**

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 *Maria Olsen* DATE 1/17/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OLSEN, MARIA F 1567 BARRINGTON CIRCLE ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FRISI, LENORA 1567 BARRINGTON CIRCLE ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTIN, RICHARD 753 FLOWERS ST SAINT AUGUSTINE, FL 32092+
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/07-80019-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Maria Olsen* DATE 1/17/2007 DAYTIME PHONE # 904-347-3184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR