


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90275 026 \*\*\*150.00

<b>DOCUMENT # P05000135497</b> 1. Entity Name <b>GRD CLEANING SOLUTIONS INC.</b>					
Principal Place of Business <b>3711 36TH AVE E PALMETTO FL 34221</b>			Mailing Address <b>3711 36TH AVE E PALMETTO FL 34221</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-3564387</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>THE PAPER TRAIL, LLC 1825 6TH AVE W BRADENTON FL 34205-0</b>				7. Name and Address of New Registered Agent Name <b>AMANDA P. GUTHRIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3711 36TH AVE E</b> City <b>PALMETTO</b> FL <b>34221</b>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	P	GUTHRIE, AMANDA P	3711 36TH AVE E		
		PALMETTO FL 34221			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Amanda P. Guthrie</i> <b>AMANDA P. GUTHRIE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRESIDENT</b>					
Date <b>3-30-06</b> Daytime Phone # <b>941-723-5017</b>					

