

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90143 029 \*\*\*150.00

<b>DOCUMENT # P05000144172</b> 1. Entity Name <b>KLEANING SERVICES, INC.</b>			
Principal Place of Business <b>1339 TWILRIDGE PLACE BRANDON, FL 33511</b>		Mailing Address <b>1339 TWILRIDGE PLACE BRANDON, FL 33511</b>	
2. Principal Place of Business <b>2020 ATTAWAY DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2020 ATTAWAY DRIVE</b> Suite, Apt. #, etc.	
City & State <b>BRANDON FLORIDA</b> Zip Country <b>33511</b>		City & State <b>BRANDON FLORIDA</b> Zip Country <b>33511</b>	
4. FEI Number <b>20-3750591</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORALES, JOSE A 1339 TWILRIDGE PLACE BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Jose A. Morales</i></u> <b>JOSE A. MORALES</b> <u><i>President</i></u> <b>PRESIDENT</b> <u><i>07/12/06</i></u> <b>07/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, JOSE A 1339 TWILRIDGE PLACE BRANDON, FL 33511	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORALES, ARACELIS E 1339 TWILRIDGE PLACE BRANDON, FL 33511	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, JOSE A 2020 ATTAWAY DRIVE BRANDON FLORIDA 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORALES, ARACELIS E 2020 ATTAWAY DRIVE BRANDON FLORIDA 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Jose A. Morales</i></u> <b>JOSE A. MORALES - President</b> <u><i>7/11/06</i></u> <b>7/11/06</b> <u><i>(813) 592-8897</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			