## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P05000157914 04-18-2007 90163 008 \*\*\*150.00 **6 FLAGS CLEANERS & LAUNDROMATE INC** Mailing Address 4000000 Principal Place of Business 6540 CAROLINE ST. 6540 CAROLINE ST. MILTON, FL 32570 MILTON, FL 32570 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 04152007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4314227 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mayon , Khanh Street Address (P.O. Box Number is Not Acceptable) 5654 Pin Oak Ave. VU, KHANH 5656 PIN OAK AVE. MILTON, FL 32583 Zip Code 33 583 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. Khank SIGNATURE 4 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change TITLE VU, TIEN NAME NAME STREET ADDRESS 6540 CAROLINE ST. STREET ADDRESS MILTON, FL 32570 CITY - ST- ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE VU, KHANH NAME NAME 6540 CAROLINE ST. STREET ADDRESS STREET ADDRESS MILTON, FL 32570 CITY-ST-ZIP CITY-ST-ZIP PISITIVP TITLE ☐ Delete TETL F ☐ Change ☐ Addition Nouyen Khanh 6540 Caroline St. NAME NAME STREET ADDRESS STREET ADDRESS Milton FL 32570 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE □ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**