

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

5/1

05-14-2007 90080 001 \*\*\*150.00

<b>DOCUMENT # P06000063081</b>			
<b>1. Entity Name</b> LET IT SHINE CLEANING, INC.			
<b>Principal Place of Business</b> P.O. BOX 1274 E. PALATKA, FL 32131		<b>Mailing Address</b> P.O. BOX 1274 E. PALATKA, FL 32131	
<b>2. Principal Place of Business - No P.O. Box #</b> 401 HUSSON AVE		<b>3. Mailing Address</b> PO Box 1274	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Palatka FL		<b>City &amp; State</b> E. Palatka, FL	
<b>Zip</b> 32177		<b>Zip</b> 32131	
<b>Country</b> Putnam		<b>Country</b> Putnam	
<b>4. FEI Number</b> 83-0457819		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> BELCH, DARLENE 401 HUSSON AVE. PALATKA, FL 32177		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
FL		Zip Code	
<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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P	<b>NAME</b> BELCH, DARLENE	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 401 HUSSON AVE.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> PALATKA, FL 32177			
<b>TITLE</b> ST	<b>NAME</b> WILKINSON, PATRICIA	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 401 HUSSON AVE.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> PALATKA, FL 32177			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> 			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> 			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> 			
<b>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.</b>			
<b>SIGNATURE:</b> <i>Darlene Belch</i>		4/30/07 386-328-0955	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	