2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P93000024043 Jan 23, 2006 08:00 AN 1. Entity Name Secretary of State MEL'S SUPER LAUNDRY & DRY CLEANING, INC. Mailing Address Principal Place of Business 3838 SOUTH OSPREY AVENUE 3838 SOUTH OSPREY AVENUE SARASOTA, FL 34239-6830 SARASOTA, FL 34239-6830 CR2E034 (11/05) 01162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0414799 Not Applicat \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STRICKLAND, JOHN M 46 NORTH WASHINGTON BLVD. IN THIS SPACE SARASOTA, FL 34236 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. n TITLE NAME MILLER, DONALD G U00000399253 3838 S OSPREY AVENUE STREET ADDRESS 02/01/06-80002-015 150.00 SARASOTA, FL 34239 CITY-ST-ZIP TITLE NAME MILLER, GLENN E STREET ADDRESS 3838 S OSPREY AVENUE CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 direction of the corporation or the receiver or higher empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

941-955-4

Daytime Phone #