2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000041118 CHESE CLEANERS, INC.



FILED Apr 25, 2006 08:00 Al Secretary of State

Principal Place of Business **822 WEST BROADWAY**

OCALA, FL 34475

Mailing Address

822 WEST BROADWAY OCALA, FL 34475



| DO | NOT | WRITE | IN THIS | SPACE |
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| | 1101 | | | |

01192006 No Cha-P CR2E034 (11/05)

4. FEI Number 59-3324497

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIM, CHUL S 13930 SW 34TH TERRACE ROAD OCALA, FL 34473

DO NOT WRITE IN THIS SPACE

| 8. | The above named entity submits this statement for the purpose of changing its registered office of | r registered agent | t, or both, in the | State of Florida. | I am familiar with, | and accept |
|----|--|--------------------|--------------------|-------------------|---------------------|------------|
| | the obligations of registered agent. | • | | | | |
| | | | | | | |

SIGNATURE.

Signature, typed or orloted name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| U00000533921 | /06/06-80142-014 | 150.00

| } | { |
|--|---|
| 10. | OFFICERS AND DIRECTORS |
| TITLE NAME STREET ADDR CITY-ST-ZIP | PST KIM, CHUL S 13930 SW 34TH TERRACE RD OCALA, FL |
| TITLE NAME STREET ADDR CITY-ST-ZIP | VPST KIM, MEE SOOK 17930 SW 34 TERR RD OCALA, FL 34473 |
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MUL