2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # P98000001870** 1. Entity Name IMADE CLEANING SERVICES, INC. Principal Place of Business Mailing Address PO BOX 720538 559 GRAND ROYAL CIRCLE WINTER GARDEN, FL 34787 ORLANDO, FL 32872-0538 04262005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3485557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OTOKITI, CHARLES IYISA DO NOT WRITE 3519 AVENUE OF THE AMERICAS #2079 IN THIS SPACE ORLANDO, FL 32822-2566 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 Signsture, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After Way 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD OTOKITI, CHARLES IYISA NAME 1400000340823 STREET ADDRESS PO BOX 720538 04/28/05-80134-006 158.75 CHY-ST-ZP ORLANDO, FL 328720538 TITLE STD OTOKITI, BEATRICE E NAME STREET ADDRESS PO BOX 720538 CITY-ST-ZIP ORLANDO, FL 328720538 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 NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TED MANE OF SIGNING OFFICER OR DIRECTOR

FILED

Davtime Phone #