2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000001870

1. Entity Name

IMADE CLEANING SERVICES, INC.



FILED Jan 27, 2006 08:00 AN **Secretary of State**

Principal Place of Business

PO BOX 720538

ORLANDO, FL 32872-0538

Mailing Address

559 GRAND ROYAL CIRCLE WINTER GARDEN, FL 34787



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3485557

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

OTOKITI, CHARLES IYISA 3519 AVENUE OF THE AMERICAS #2079 ODLANDO EL 20000 DECE

DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32622-2300			in Tino Grate		
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, In the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatura	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE Name Street address City-St-Zip	PD OTOKITI, CHARLES IYISA PO BOX 720538 ORLANDO, FL 328720538				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	STD OTOKITI, BEATRICE E PO BOX 720538 ORLANDO, FL 328720538	. <u>-</u> .			U00000405256 02/07/06-80033-019 158.75
TITLE NAME STREET ADDRESS				DO	NOT MOITE

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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 cath; 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:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP