


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000001870  
1. Entity Name  
IMADE CLEANING SERVICES, INC.



Principal Place of Business: PO BOX 720538, ORLANDO, FL 32872-0538  
Mailing Address: 559 GRAND ROYAL CIRCLE, WINTER GARDEN, FL 34787

**DO NOT WRITE IN THIS SPACE**



01042007 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  
OTOKITI, CHARLES IYISA  
3519 AVENUE OF THE AMERICAS  
#2079  
ORLANDO, FL 32822-2566

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

DATE: 01/09/07-80061-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OTOKITI, CHARLES IYISA
STREET ADDRESS	PO BOX 720538
CITY-ST-ZIP	ORLANDO, FL 328720538
TITLE	STD
NAME	OTOKITI, BEATRICE E
STREET ADDRESS	PO BOX 720538
CITY-ST-ZIP	ORLANDO, FL 328720538
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: [Signature] DATE: 01/02/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #