


FILED
Jan 28, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000001870 1. Entry Name IMADE CLEANING SERVICES, INC.	
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Principal Place of Business PO BOX 720538 ORLANDO, FL 32872-0538	Mailing Address 559 GRAND ROYAL CIRCLE WINTER GARDEN, FL 34787
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01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3485557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

DO NOT WRITE
 IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$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 CITY-ST-ZIP	STD OTOKITI, BEATRICE E PO BOX 720538 ORLANDO, FL 328720538
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 01/31/08-80004-015 150.00

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 I's empowered.

SIGNATURE: *Charles Iyisa* 01-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #