

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001870

FILED
Jan 13, 2009
Secretary of State

Entity Name: IMADE CLEANING SERVICES, INC.

Current Principal Place of Business:

PO BOX 720538
ORLANDO, FL 328720538

New Principal Place of Business:

559 GRAND ROYAL CIRCLE
WINTER GARDEN, FL 34787

Current Mailing Address:

559 GRAND ROYAL CIRCLE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-348557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OTOKITI, CHARLES IYISA
3519 AVENUE OF THE AMERICAS
#2079
ORLANDO, FL 328222566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTOKITI, CHARLES IYISA
Address: PO BOX 720538
City-St-Zip: ORLANDO, FL 328720538

Title: STD () Delete
Name: OTOKITI, BEATRICE E
Address: PO BOX 720538
City-St-Zip: ORLANDO, FL 328720538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.OTOKITI

PRES

01/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date