


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90157 016 ***150.00

DOCUMENT # P98000095720	
1. Entity Name MAIDS OF HONOR INC. OF COCOA	

Principal Place of Business 3880 NEWPORT ST COCOA, FL 32927	Mailing Address 3880 NEWPORT ST COCOA, FL 32927
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14002935

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0878414	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BELLOMY, KATHLEEN J 3880 NEWPORT ST COCOA, FL 32927	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	BELLOMY, KATHLEEN J
STREET ADDRESS	3880 NEWPORT ST
CITY-ST-ZIP	COCOA, FL 32927
TITLE	<input type="checkbox"/> Delete
NAME	SHEPARD, KATHY
STREET ADDRESS	619 FIFTH ST
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	<input type="checkbox"/> Delete
NAME	FURIE, GAYLE
STREET ADDRESS	635 FRIDAY RD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	<input type="checkbox"/> Delete
NAME	TARANTO, DELORES
STREET ADDRESS	140 FLUG AVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: <i>Kathleen J. Bellomy</i> Kathleen J. Bellomy <i>4/25/05</i> <i>631-626-3327</i>	Signature and typed or printed name of signing officer or director	Date	Daytime Phone #
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