

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054218

FILED
Aug 22, 2006
Secretary of State

Entity Name: CIN'S PROFESSIONAL CLEANING SERVICES, INC.

Current Principal Place of Business:

1859 SW BILTMORE ST
PT. ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1859 SW BILTMORE ST
PT. ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-0973376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLINO, CYNTHIA
1903 SAN ANTONIO DR
PALM CITY, FL 34997 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELLINO, CYNTHIA
Address: 194 SW ESSEX DR.
City-St-Zip: PT. ST. LUCIE, FL 34984

Title: VPOO (X) Delete
Name: SAARINEN, LEA
Address: 1291 BARTGEL ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP () Delete
Name: CONTI, ROBERT
Address: 1901 SANANTONIO DR.
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: EDMUNDS, MANDY
Address: 104 SERANATA CT.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: RMP (X) Delete
Name: RUIZ, ASHLEY
Address: 106 SW. CHRISTMAS TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: FM (X) Delete
Name: ECENRODE, BARBARA
Address: 23 NE. 7TH. AVE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPO (X) Change () Addition
Name: EDMUNDS, MANDY
Address: 104 SERANATA CT.
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 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: CYNTHIA BELLINO

Electronic Signature of Signing Officer or Director

PRES

08/22/2006

_____ Date