2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F01000000982 02-23-2004 90029 030 ***150 00 ADVANTACLEAN SYSTEMS, INC. Mailing Address Principal Place of Business 6150-C BROOKSHIRE BLVD 6150-C BROOKSHIRE BLVD CHARLOTTE, NC 28216-2410 CHARLOTTE, NC 28216-2410 2. Principal Place of Business 3. Mailing Address 6831 Edgewater Commerce Parkway 6831 Edgewater Commerce Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. 02092004 CR2E034 (10/03) **Suite 1101** Suite 1101 City & State Orlando, FL City & State 4. FEI Number Applied For Orlando, FL 56-2197439 Not Applicable Country Country = --\$8.75 Additional 5. Certificate of Status Desired 32810-4224 USA USA 32810-4224 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUBY, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 6831 EDGEWATER COMMERCE PARKWAY, SUITE 1101 ORLANDO, FL 32810-4224 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -1 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition DUDAN, JEFFREY R NAME NAME Dudan, Jeffrey R. 6831 Edgewater Commerce Pkwy Ste 1101 STREET ADDRESS 6150-C BROOKSHIRE BLVD STREET ADDRESS Orlando, FL 32810-44424 CITY-ST-ZIP CHARLOTTE, NC 28216 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE 🗹 Change NAME LUBY, DANIEL J Luby, Daniel J. 6150-C BROOKSHIRE BLVD STREET ADDRESS STREET ADDRESS 6831 Edgewater Commerce Pkwy Ste 1101 Orlando + FL- 32810-4224 * CITY-ST-ZIP CITY-ST-ZIPF CHARLOTTE, NC 28216 Delete ☐ Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eport 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

SIGNATURE:

FILED Feb 23, 2004 8:00 am