


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # F83563

1. Entity Name:
BIOCLEAN, INC.



Principal Place of Business: **4025 PINES INDUSTRIAL AVENUE
 ROCKLEDGE, FL 32955-5324 US**

Mailing Address: **4201 PINWOOD RD
 MELBOURNE, FL 32934 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (1/1/05)

4. FEI Number: **59-2198241** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required:

6. Name and Address of Current Registered Agent

**TOLLEY, DOROTHY F
 4201 PINWOOD RD
 MELBOURNE, FL 32934**

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees.

U00000892538
 04/23/08-80070-021 150.00

10. OFFICERS AND DIRECTORS:

TITLE: PRES	NAME: TOLLEY, DOROTHY F
STREET ADDRESS: 4201 PINWOOD RD	CITY-ST-ZIP: MELBOURNE, FL
TITLE: VCM	NAME: TOLLEY, C GLENN
STREET ADDRESS: 4201 PINWOOD RD	CITY-ST-ZIP: MELBOURNE, FL
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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: C. Glenn Tolley **Date:** 4/10/08 **Daytime Phone #:** 321-762-8806