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\$118\$/ 5( 3257

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90092 048 \*\*\*150.00

<b>DOCUMENT #:</b> P01000014910 <b>1. Entity Name</b> 3-T Cleaning Service, Inc.	
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<b>Principal Place of Business</b> 5046 CHET DR. NEW PORT RICHEY, FL 34652	<b>Mailing Address</b> PO BOX 755 ELFERS, FL 34680-0755
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60037426



000000 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 000000000	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  0\$; : (// 0\$5( 1=2 0000&+( 7 5 0 1( : 1325715,8+( <0) / 000000	<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>10. OFFICERS AND DIRECTORS</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	0\$; : (// 0\$5( 1=2 0000&+( 7 5 0 1( : 1325715,8+( <0) / 000000
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 727 846 8750