

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080330

FILED
Apr 24, 2008
Secretary of State

Entity Name: CLEAN CLEAN INC.

Current Principal Place of Business:

19640 NW 82 CT
MIAMI, FL 33015

New Principal Place of Business:

3580 NW. 56 STREET
SUITE-106C
FORT-LAUDERDALE, FL 33309 US

Current Mailing Address:

19640 NW 82 CT
MIAMI, FL 33015

New Mailing Address:

19640 NW 82 CT
MIAMI, FL 33015 US

FEI Number: 04-3811600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADELA KUN, OLUFEMI
19640 NW 82 CT
MIAMI, FL 33015 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADELA KUN, OLUFEMI
Address: 19640 NW 82 CT
City-St-Zip: MIAMI, FL 33015

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADELA KUN, OLUFEMI
Address: 19640 NW 82 CT
City-St-Zip: MIAMI, FL 33015

Title: V () Change (X) Addition
Name: ADELA KUN, HAZEL
Address: 19640 NW 82 CT
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify 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: OLUFEMI ADELA KUN

PD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date