



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90270 026 ***150.00

DOCUMENT # 697449 1. Entity Name FABRICLEAN, INC.					
Principal Place of Business 1251 SEMINOLA BLVD SUITE 300 CASSELBERRY, FL 32707 US				Mailing Address 2615 S.GOLDENROD RD. ORLANDO, FL 32822	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1251 SEMINOLA BLVD SUITE 300			
City & State CASSELBERRY, FL		City & State CASSELBERRY, FL		4. FEI Number 59-2132836	
Zip 32707		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SHERWOOD, RONALD EDWARD 2615 S.GOLDENROD RD. ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERWOOD, ELIZABETH 2615 S. GOLDENROD ROAD ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERWOOD, RONALD E. 2615 S GOLDENROD RD. ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIRST, HAROLD 3807 EDLAND DR ORLANDO, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERWOOD, ELIZABETH 2615 S GOLDENROD RD ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 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: <i>Ronald Sherwood</i> RONALD SHERWOOD 04/12/05 407 658 5801 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		