## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005605

Title:

Name:

Address:

City-St-Zip:

Entity Name: KLEENUP RESTORATION, INC.

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 845 EAST 229TH STREET **BRONX, NY 10466 Current Mailing Address: New Mailing Address:** 845 EAST 229TH STREET **BRONX, NY 10466** FEI Number: 13-4184624 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BRYAN, MICHAEL BRYAN, MICHAEL 1619 BENT PINEWAY P.O. BOX 1738 BRANDON, FL 33511 US BRANDON, FL 33509 US 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: MICHAEL BRYAN 04/27/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BRYAN, MICHAEL BRYAN, MICHAEL Name: Name: 1619 BENT PINEWAY 1010 AXLEWOOD CIRCLE Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 VC Title: Title: () Delete () Change () Addition Name: HYDE, GARY Name: 3044 LACONIA AVENUE Address: Address: BRONX, NY 10469 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition BIRTHWRIGHT, PATRICK BIRTHWRIGHT, PATRICK Name: Name: 4040 GRACE AVENUE 7231 KILMER ROAD Address: Address: City-St-Zip: NEW YORK, NY 10466 City-St-Zip: TOBYHANNA, PA 18466 Title: CFO ( ) Delete Title: () Change () Addition WEBB, AINSLEY Name: Name: Address: 111-19 FRANCIS LEWIS BLVD Address: City-St-Zip: City-St-Zip: JAMAICA, NY 11429

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL BRYAN C 04/27/2005

( ) Delete

BRYAN, INGRID

4040 GRACE AVENUE

NEW YORK, NY 10466

(X) Change ( ) Addition

BRYAN, INGRID

7231 KILMER ROAD

TOBYHANNA, PA 18466