2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT #F58745 1. Entity Name QUALITY CARPET CLEANERS, INC.						Secretary of State 02-27-2006 90049 019 ***150.00				
Principal Place of Business							ê Mê I 1870 (287) E 788) Î	n aran eran elek i	RITH GIRN GIR	1881 D (SE)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-P	CR2E034	4 (11/05)	
City & State			City & State			4. FEI Number 59-2141			_ 	plied For t Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desire			8.75 Add se Required	
6. Name and Address of Current Registered Agent							Address of New I			
OTTO MARILYN H.						rbara	<u> </u>	nter	<u> </u>	
125 CRAMFORD BLVD. BOCA BATON, FL 33432-0729						Street Address (P.O. Box Nurriber is Not Acceptable) 17295 Lake Park Road				
	`				a Rate		Roac FL] Zip_Code	· ·	
							-		330	481
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 Dandard - Continue (NOTE: Registered Agent against are required when remaining) OATE									<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	1	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/	CHANGES TO OF	ICERS AND D	DIRECTORS	3 IN 11
TITLE NAME	DPS	WILLIAM A. III	☐ Delete	TITE				[☐ Change	Addition
STREET ADDRESS		KE PARK ROAD			EET ADORESS					
CITY-ST-ZIP	ST-ZIP BOCA RATON, FL 33487									
IIITE.					£			. [Change	☐ Addition
NAME STREET ADDRESS	SANTEN, BARBARA J. ESS 17295 LAKE PARK ROAD				E	n general ye				
CITY-SI-ZIP BOCA RATON, FL 33487					/-ST-ZIP					
TITLE			☐ Delete	£			[Change	☐ Addition	
NAME FIRET ADDRESS				NAA						
STREET ADORESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP					
TITLE			☐ Delete	1111					Change	Addition
NAME				NAA	E			`		
STREET ADDRESS City-St-Zip		• •			EET ADDRESS /-ST-ZIP					
TILE			☐ Delete	TITL	E E			f	Change	☐ Addition
NAME				NA				_	_ •	_
STREET ADORESS CITY-ST-ZIP					EET ADORESS /-st-Zip					
TITLE			☐ Oelete	nn			· · · · · · · · · · · · · · · · · · ·	Г	Change	Addition
NUME				NAS				,		
STREET ADDRESS CITY-ST-ZEP	,		ET ADDRESS (-ST-70P	* - * *			•			
12. I hereby	certify that th	e information supplied with	this filing does not qualify fo	or the ex	emptions containe	d in Chanter 110	Florida Statutee	I further cortific	that the i-	formation
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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: Danbard J. Banton Barbara J. Santen 3/22/06 561.395.8993										