2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15196

Entity Name: COMMERCIAL CLEAN-UP ENTERPRISES, INC.

FILED Jan 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4601 ENTERPRISE AVENUE 4305 EXCHANGE AVENUE NAPLES, FL 34104 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

4601 ENTERPRISE AVE.

NAPLES, FL 33942 US

4305 EXCHANGE AVENUE
NAPLES, FL 33942 US

FEI Number: 59-2242582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TIBSTRA, THOMAS
4601 ENTERPRISE AVE.
NAPLES, FL 33942 US
TIBSTRA, THOMAS
4305 EXCHANGE AVENUE
NAPLES, FL 34104 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: TIBSTRA, THOMAS 01/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: TIBSTRA, THOMAS N., Address: 4601 ENTERPRISE AVE. Title: PD (X) Change () Addition Name: TIBSTRA, THOMAS N., Address: 4305 EXCHANGE AVENUE

City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34104

Title: VP () Delete Title: VP (X) Change () Addition Name: TIBSTRA, TREVOR Name: TIBSTRA, TREVOR

Address: 4601 ENTERPRISE AVE Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34104

Title: Title: () Delete (X) Change () Addition TIBSTRA-PITKIN, HEATHER TIBSTRA-PITKIN, HEATHER Name: Name: 4601 ENTERPRISE AVE 4305 EXCHANGE AVENUE Address: Address: City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34104

Title: ST () Delete Title: ST (X) Change () Addition

Name:TIBSTRA, MARY SName:TIBSTRA, MARY SAddress:4601 ENTERPRISE AVEAddress:4305 EXCHANGE AVENUECity-St-Zip:NAPLES, FLCity-St-Zip:NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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: TIBSTRA, THOMAS PD 01/26/2006