2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98802

FILED Apr 17, 2006 Secretary of State

Entity Name: HAND CRAFT CLEANER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
2485 MON STE - 1	UMENT RD			
	VILLE, FL 322	225 US		
Current Mailing Address:		New Mailing Address:		
	UMENT RD			
STE - 1 JACKSON	VILLE, FL 322	225 US		
El Number	: 59-2958391	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Surrent Registered Agent:	Name and Address o	of New Registered Agent:
	DENTIAL DR			
he above the State	VILLE, FL 322 named entity : e of Florida.	207 US	ne purpose of changing its registered	d office or registered agent, or both,
he above the State	VILLE, FL 322 named entity : e of Florida. RE:	207 US submits this statement for th		
The above of the State	VILLE, FL 322 named entity : e of Florida. RE: Electror	207 US		d office or registered agent, or both, Date
The above n the State BIGNATUI	ville, FL 322 named entity of Florida. RE: Electror mpaign Financing	submits this statement for the	Agent	Date
The above the State SIGNATUI	ville, FL 322 named entity set of Florida. RE: Electror mpaign Financing S AND DIREC DP () KOL, SOPHAL	submits this statement for the signature of Registered of Trust Fund Contribution (). TORS: Delete ENT LANDING BLVD	Agent	
The above the State of the Stat	named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC DP () KOL, SOPHAL 11302 MONUM JACKSONVILLI DVP () KOL, NEARY	submits this statement for the submits this statement for the signature of Registered Agrand Contribution (). TORS: Delete ENT LANDING BLVD E, FL Delete ENT LANDING BLVD	Agent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: SOPHAL KOL DP 04/17/2006