


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90066 050 ****50.00

DOCUMENT # L02000030776	
1. Entity Name PRECISION CARPET AND UPHOLSTERY CLEANING LLC	

Principal Place of Business 665 SE 10TH STREET SUITE 201 DEERFIELD BECH, FL 33441	Mailing Address C/O 3170 N FEDERAL HIGHWAY STE 103C LIGHTHOUSE POINT, FL 33064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 665 SE 10th St.
201	201

City & State Deerfield Beach FL	City & State Deerfield Beach FL
Zip 33441	Country US

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2302861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA 3170 N FEDERAL HIGHWAY STE 103C LIGHTHOUSE POINT, FL 33064	
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7. Name and Address of New Registered Agent 665 SE 10th Street 201 Deerfield Beach FL 33441	
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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 Angela Dicrescenzo	DATE 4/13/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGELA, DICRESCENZO D 3711 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONALD, DICRESCENZO A 3711 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY, JOHNSON C 4957 NW 92ND AVENUE SUNRISE, FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Angela Dicrescenzo	DATE: 4/13/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Daytime Phone #</small>