2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# L04000092444

Entity Name: PRESSURE WASHER MAN LLC

Current Principal Place of Business:

2164 DELLWOOD AVE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2164 DELLWOOD AVE
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-2131028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBOZA, DORIAN J
2164 DELLWOOD AVE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARBOZA, DORIAN J
Address: 2164 DELLWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR ( ) Delete
Name: DANCS, KRIS
Address: 2164 DELLWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARBOZA, DORIAN J
Address: 7941 COLLINS BAY CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR (X) Change ( ) Addition
Name: DANCS, KRIS
Address: 7941 COLLINS BAY CT
City-St-Zip: JACKSONVILLE, FL 32244

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 is true and accurate and that my electronic 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: DORIAN BARBOZA MGRM 05/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date