
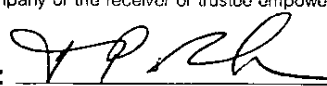


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90222 028 ****50.00

DOCUMENT # L06000049960 1. Entity Name EASY FLOW PIPE CLEANING, LLC					
Principal Place of Business 8250 VINEYARD AVENUE SUITE 24 RANCHO CUCAMONGA CA 91730 US			Mailing Address 8250 VINEYARD AVENUE SUITE 24 RANCHO CUCAMONGA CA 91730 US		
2. Principal Place of Business - No P.O. Box # 6354 Birchwood Cir.		3. Mailing Address 8816 Foothill Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. #103-184			
City & State Rancho Cucamonga, CA		City & State Rancho Cucamonga, CA		4. FEI Number 20-4940817	
Zip 91701		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 91730		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name Ferderigos & Lamb Street Address (P.O. Box Number is Not Acceptable) 78 WEST CHURCH ST City ORLANDO FL Zip Code 32801		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	REBOZO, THOMAS P JR		STREET ADDRESS	164 Summerhill Ct	
CITY-ST-ZIP	8250 VINEYARD AVENUE, SUITE 24		CITY-ST-ZIP	Ormond Beach, FL. 32174	
	RANCHO CUCAMONGA CA 91730				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ADAM		NAME	6354 Birchwood Cir.	
STREET ADDRESS	12760 CENTURIAN ST.		STREET ADDRESS	8816 Foothill Blvd #103-184	
CITY-ST-ZIP	WHITE WATER CA 92282		CITY-ST-ZIP	Rancho Cucamonga, CA 91730 91701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				407-493-7402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	