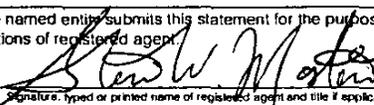
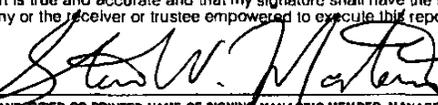


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 027 ****55.00

DOCUMENT # L06000100146			
1. Entity Name BEST BUDGET PRESSURE CLEANING, LLC			
Principal Place of Business 54663 DORN BUSH ROAD CALLAHAN, FL 32011		Mailing Address 54663 DORN BUSH ROAD CALLAHAN, FL 32011	
2. Principal Place of Business - No P.O. Box # 542219 Lem Turner Rd. Suite Apt. #, etc.		3. Mailing Address 542219 Lem Turner Rd. Suite Apt. #, etc.	
City & State Callahan Fla.		City & State Callahan Fla.	
Zip 32011		Zip 32011	
Country Massau		Country Massau	
4. FEI Number 74-3193241		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, DAVID ALAN 54663 DORN BUSH ROAD CALLAHAN, FL 32011		7. Name and Address of New Registered Agent Name: Steven Wallace Masters Street Address (P.O. Box Number is Not Acceptable) 542219-Lem Turner Rd. City: Callahan FL 32011	
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: 		Steven W. Masters	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN, DAVID ALAN 54663 DORN BUSH ROAD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTERS, STEVEN WALLACE 54663 DORN BUSH ROAD CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTERS, Steven Wallace 542219 Lem Turner Rd. Callahan, Fla. 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Steven W. Masters	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	
		904-403-9778	
		Daytime Phone #	