2006 FOR PROFIT CORPORATION

Aug 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L53353 08-24-2006 90063 003 ***150 00 **ACTION CLEANING & RESTORATION, INC.** Principal Place of Business Mailing Address % PATRICIA D. TASH % PATRICIA D. TASH **85 CATALINA ISLES DRIVE 85 CATALINA ISLES DRIVE** MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address 127 NORTH TROPICAL TRAIL 2017 COOPER DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 08192006 Chg-P CR2E034 (11/05) UNIT Applied For City & State City & State 4. FEI Number FL. MEKRITT ISLAND FL COCOA 59-3013748 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32922 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WFSS FORMAN R. TASH, PATRICIA D Street Address (P.O. Box Number is Not Acceptable) 85 CATALINA ISLES DRIVE MERRITT ISLAND, FL 32953 2017 COOPER DR. CocoA 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. Lam familiar with, and accept the obligations of registered agent. Horman WESS R. FORMAN SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 6, 2006 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change TITLE ☐ Addition 1710 WESS R. FORMAN NAME TASH, DAVID E NAME STREET ADDRESS 85 CATALINA ISLES DR. STREET ADDRESS 2017 COOPER DR CITY-ST-ZIP MERRITT ISLAND, FL CITY-ST-ZIP TITLE Delete TIME ☐ Change Addition NAME TASH, PATRICIA D NAME STREET ADDRESS 85 CATALINA ISLES DR. STREET ADDRESS CITY-ST-ZiP MERRITT ISLAND, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORMAN, WESS R NAME NAME STREET ADDRESS 2017 COOPER DR. STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

OIGHAI GILL	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN		Date	Daytime Phone #
SIGNATURE: _	Wess H. Forman	WESS R. FURMAN	8/21/06	321-453-2093