2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003624

Entity Name: CLEANUP & GREENUP, INC.

FILED Jan 28, 2008 Secretary of State

Entity Nar	ne: CLEANU	P & GREENUP, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
3614 DICKENS DRIVE HOLIDAY, FL 34691 US				35246 US 19 NORTH, #263 PALM HARBOR, FL 34684 US		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
	FICE BOX 901 SPRINGS, FL	346880901 US				
FEI Number:	59-3199029	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	w Registered Agent:	
4153 CHE	, ANTHONY J STERFIELD C RBOR, FL 346		35246 US	LAPORTE, ANTHONY J 35246 US 19 NORTH, #263 PALM HARBOR, FL 34684 US		
	named entity s of Florida.	submits this statement for the	purpose of changing	its registered offi	ce or registered agent, or both,	
SIGNATUR	RE:			01/28/2008		
	Electror	ic Signature of Registered Ag	gent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	JAMES, ERIC P.O. BOX 901	Delete NGS, FL 34683 US	Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	GUNTER, TERF P.O. BOX 901	Delete RY S NGS, FL 34688 US	Title: Name: Address: City-St-Zip:	VP/D (X) C LAPORTE, ANTHO P.O. BOX 901 TARPON SPRING		
Title: Name: Address: City-St-Zip:	PEREZ, JOSE P.O. BOX 901	Delete NGS, FL 34688 US	Title: Name: Address: City-St-Zip:	T/D (X) C CZERWINSKI, AN P.O. BOX 901 TARPON SPRING		
Title: Name: Address: City-St-Zip:	LAPORTE, ANT P.O.BOX 901	Delete HONY J NGS, FL 34688 US	Title: Name: Address: City-St-Zip:	D (X) C MC CANN, WILLI P.O.BOX 901 TARPON SPRING		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: Citv-St-Zip:	D () C BOHS, RHONA J P.O.BOX 901 TARPON SPRING		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J LA PORTE VP 01/28/2008