

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038459

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: ENVIRONMENTAL CLEANING TECHNOLOGIES, INC.

**Current Principal Place of Business:**

11215 DEAD RIVER RD.  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 615  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 59-3631758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCALISTER, SYLVIA J  
11215 DEAD RIVER RD.  
TAVARES, FL 32778      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: MCALISTER, SYLVIA J  
Address: 11215 DEAD RIVER ROAD  
City-St-Zip: TAVARES, FL 32778

Title: VP      ( ) Delete  
Name: MCALISTER, IV, C. SPENCER  
Address: 11215 DEAD RIVER ROAD  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: MCALISTER, SYLVIA J  
Address: 11215 DEAD RIVER ROAD  
City-St-Zip: TAVARES, FL 32778

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA J. MCALISTER

P

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date