

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061084

Entity Name: KLEENEDGE, INC.

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

2323 BURLINGTON ST.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2150 TAMIAMI TRAIL
UNIT 12-202
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-1020538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, ANDREA I
2323 BURLINGTON ST.
NORTH PORT, FL 34286 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: D () Delete
Name: CHARLES, SR., HUGUE MR.
Address: 2150 TAMIAMI TRIAL UNIT 12-202
City-St-Zip: PORT CHARLOTTE, FL 339482134

Title: D () Delete
Name: CHARLES, ANDREA I MRS.
Address: 2150 TAMIAMI TRIAL UNIT 12-202
City-St-Zip: PORT CHARLOTTE, FL 339482134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: CHARLES, SR., HUGUE MR.
Address: 2323 BURLINGTON ST
City-St-Zip: NORTH PORT, FL 34286

Title: O (X) Change () Addition
Name: CHARLES, ANDREA I MRS.
Address: 2323 BURLINGTON ST
City-St-Zip: NORTH PORT, FL 34286

Title: O () Change (X) Addition
Name: CHARLES, JR, HUGUE MR.
Address: 2323 BURLINGTON ST
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREA I CHARLES

VP

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date