

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061770

Entity Name: HEALTHY CLEAN, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

350 PARQUE DR. #2
ORMOND BEACH, FL 32174

New Principal Place of Business:

350 PARQUE DR. #2
ORMOND BEACH, FL 321746296

Current Mailing Address:

P.O. BOX 931
ORMOND BEACH, FL 321750931

New Mailing Address:

350 PARQUE DR #2
ORMOND BEACH, FL 321746296

FEI Number: 59-3654764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOACHRIDGE, GERALD
350 PARQUE DR. #2
ORMOND BEACH, FL 32174 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: PD () Delete
Name: LOACHRIDGE, GERALD L
Address: P.O. BOX 931
City-St-Zip: ORMOND BEACH, FL 321750931

Title: VD () Delete
Name: LOACHRIDGE, ANNETTE
Address: P.O. BOX 931
City-St-Zip: ORMOND BEACH, FL 321750931

Title: STD () Delete
Name: WHITE, ROBERT D
Address: 327 SOUTH YONGE STREET
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LOACHRIDGE, ANNETTE
Address: 350 PARQUE DR #2
City-St-Zip: ORMOND BEACH, FL 321746296

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALD LOACHRDIGE

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date