2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071513

Entity Name: REAL CLEAN, INC.

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6857 LONG NEEDLE CT 6857 LONG NEEDLE CT ORLANDO, FL 32800 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

6857 LONG NEEDLE CT 6857 LONG NEEDLE CT ORLANDO, FL 32800 CRLANDO, FL 32822

FEI Number: 59-3660093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOPEZ-HINZ, NORMAN
6857 LONG NEEDLE CT
6857 LONG NEEDLE CT
ORLANDO, FL 32800 US
6857 LONG NEEDLE CT
ORLANDO, FL 32822 US

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: NORMAN LOPEZ-HINZ 03/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LOPEZ, EDGARDO L
 Name:
 LOPEZ, EDGARDO L

 Address:
 6857 LONG NEEDLE CT
 Address:
 P. O. BOX 721145

 City-St-Zip:
 ORLANDO, FL 32800
 City-St-Zip:
 ORLANDO, FL 32872

 Name:
 LOPEZ, MARTA
 Name:
 LOPEZ, MARTA

 Address:
 6857 LONG NEEDLE CT
 Address:
 P. O. BOX 721145

 City-St-Zip:
 ORLANDO, FL 32800
 City-St-Zip:
 ORLANDO, FL 32872

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LOPEZ-HINZ, NORMAN
 Name:
 LOPEZ-HINZ, NORMAN

 Address:
 6857 LONG NEEDLE CT
 Address:
 6857 LONG NEEDLE CT

 City-St-Zip:
 ORLANDO, FL 32800
 City-St-Zip:
 ORLANDO, FL 32822

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: LOPEZ-HINZ D 03/13/2006