## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000071513

Entity Name: REAL CLEAN, INC

FILED Apr 25, 2007 Secretary of State

Entity Nai	Me: REAL CL	EAN, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
6857 LONG NEEDLE CT ORLANDO, FL 32822				6964 NEEDLE POINTE ORLANDO, FL 32822	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
6857 LONG NEEDLE CT ORLANDO, FL 32822			P.O. BOX 721235 ORLANDO, FL 32	P.O. BOX 721235 ORLANDO, FL 32872	
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 Addres	Name and Address of New Registered Agent:	
LOPEZ-HINZ, NORMAN 6857 LONG NEEDLE CT ORLANDO, FL 32822 US			6964 NEEDLÉ POI	LOPEZ-HINZ, NORMAN 6964 NEEDLE POINTE ORLANDO, FL 32822 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				04/25/2007	
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).			ent	Date	
	S AND DIREC	- ,,	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( LOPEZ, EDGA P. O. BOX 721 ORLANDO, FL	145	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LOPEZ, MART. P. O. BOX 721 ORLANDO, FL	145	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LOPEZ-HINZ, I 6857 LONG NE ORLANDO, FL	EEDLE CT	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	

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: NORMAN LOPEZ-HINZ D 04/25/2007