


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90089 024 \*\*\*150.00

<b>DOCUMENT # P0000101162</b>	
1. Entity Name <b>ARMSTRONG PRESSURE CLEANING, INC.</b>	

Principal Place of Business <del>4253 NW 114 TERRACE CORALSPRINGS, FL 33065</del>	Mailing Address <del>4253 NW 114 TERRACE CORALSPRINGS, FL 33065</del>
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2. Principal Place of Business <b>19320 NW 252 STREET</b>	3. Mailing Address <b>19320 NW 252 STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32972</b>	Zip <b>32972</b>
Country <b>USA</b>	Country <b>USA</b>

04192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1050132</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILSON, PAUL D <del>4253 NW 114 TERRACE CORALSPRINGS, FL 33065</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CULVER, BRIAN 4655 BOUGAINVILLE DRIVE, #7 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19320 NW 252 STREET ORLANDO, FL 32972</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Wilson* **4-22-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #