


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000003576	
1. Entity Name SOUTHERN CLEAN CEILING, INC.	

Principal Place of Business 131 RIVERSIDE DR CAPE CANAVERAL, FL 32920	Mailing Address P.O. BOX 253 CAPE CANAVERAL, FL 32920
-------------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3702621	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent KELLY, DAVID B 131 RIVERSIDE DR CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

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 *David B Kelly* (NOTE: Registered Agent signature required when reinstalling) DATE 2/16/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DAVID B 131 RIVERSIDE DR CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JAMES F 16 MINOR AVE PAOLO, PA 19301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000440281
03/02/06-80034-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David B Kelly* DATE 2/16/07 (321) 783-9289

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #