2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P01000030894** AMERICLEAN OF PALM BEACH COUNTY, INC. Principal Place of Business Mailing Address 3789 MIRAMONTES CIRCLE 3789 MIRAMONTES CIRCLE WELLINGTON, FL 33414 WELLINGTON, FL 33414 03092007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1088872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SCOTTO, ANNE M DO NOT WRITE 3789 MIRAMONTES CIRCLE WELLINGTON, FL 33414 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when remstating) - U00000749192 05/18/07-80010-025 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILLE SCOTTO, DOMINICK NAME STREET ADDRESS 3789 MIRAMONTES CIRCLE City-ST-ZIP WELLINGTON, FL 33414 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 tecejver 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 attagriment with an address, with all other-like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR