2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 13, 2005 8:00 am Secretary of State DOCUMENT # P01000047680 09-13-2005 90002 013 ***150.00 SUPREME STEAM CARPET CLEANER, INC. Principal Place of Business Mailing Address P.O. BOX 622553 308 QUAIL CT CASSELBERRY, FL 32707. OVIEDO, FL 32762-2553 2. Principal Place of Business 3. Mailing Address 1017 Shinnecock Suite, Apt. #, etc Suite, Apt. #, etc. 07132005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0576667 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINSHALL, PHIL Street Address (P.O. Box Number is Not Acceptable) 308 QUAIL CT GASSELBERRY, FL 32707 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 (NOTE: Registered Agent signature FILE NOW!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME MINSHALL, PHIL MINSHALL NAME 1017 SHINNECOCK HILLS DRIVE STREET ADDRESS STREET ADDRESS 1017 5 necock Hills Drive CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-789 32765 ☐ Detete TILE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-70 TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP me C Detete Change ■ Addition HAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Deteta TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 is changed, or on an attachment with an address, with all other like empowered.

FILED

ATTACHMENT

P01000047680

70 Whom: + May Concern:
If possible, I would
Approxiate it if you could
wasine our late fee as we
23 not receive any of
the notices because
use moved last year &
have A New Address &
new 90. Box. Additionally
out Accountant just
garcus this form to
Sendin SAying 122
hadn't filed for this
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Thank wow in Advance
Thank you in Advance For your consideration!
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Phillip Minshall

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	DOCUMENT # P01000047680 1. Entity Name SUPREME STEAM CARPET CLEANER, INC.												
Principal Plac	Principal Place of Business Mailing Address												
308 QUAIL C Casselberg	HAIL CT P.O. BOX 622553 BERRY, FL-32707 OVIEDO, FL 32762-2553							<	0	06	66	81	
Principal Place of Business 3. Mailing Address													
Suite, Apt.								07132005	Chg	-P	CR2E	034 (10/03)	
City & Stat	e	EI		City & State				4. FEI Numb				}	plied For
_ Zip	<u>-80,</u>	Country		Zip Country				01-057				\$8.75 Add	t Applicable
3276	5	5 32762						5. Certificate				Fee Require	
	6. Name	and Address of Cu	rrent Reg	istered Agent		Name	<u> </u>	_ 7. Name and	d Address	of New R	egistered	Agent	
MINSHALL, PHIL						·	dress (f	O. Box Numb	per is Not A	cceptable) '		
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						City	>:	$c\lambda$ 0	_	_	FL	Zip Cood	326
8. The above	named entit	y submits this statem	ent for the	e purpose of changing it	s register	ed office or re	egister	ed agent, or bo	oth, in the S	state of Flo	rida. Lam	familiar with,	and accept
the obligations of registered agent.													
SIGNATURE	SIGNATURE Signature, typed or glinted name of registered agent and the it applicable. (NOTE: Registered Agent agent are required when reinstoting) DATE												
DATE													
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OLS CASE Daysing Promp *													