2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90429 036 ***150.00

DOCUMENT # P01000090534 1. Entity Name THE CLEANING CHAMPIONS, INC.					05-02-2005 90429 036 ***150.00				
Principal Place of Business 8995 BRIDGECREEK DRIVE JACKSONVILLE, FL 32244		Mailing Address 8995 BRIDGECREEK DRIVE JACKSONVILLE, FL 32244							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252005	Chg-P	CR2E034 (10/03)		
City.& State		City&.State		-	4. FEI Number				plied For
Zip Country		Zip Cour		try	59-3745872 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Status Desired Status Desired				litional
	egistered Agent		T	7. Name and	Address of New R				
				Name					
GERY, MANUEL G 8995 BRIDGECREEK DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32244.									
19				City			FL	Zip Code)
8. The above named entity subhits 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 reinstating) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution					5.00 May Be dded to Fees			•	
10.	10. OFFICERS AND DIRECTORS 11				ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11
TITLE	PSD	☐ Delete	TITL				[Change	☐ Addition
NAME STREET ADDRESS	GERY, MANUEL G		NAM						
CITY-ST-ZIP	JACKSONVILLE, FL 32244 CI			ET ADORESS -ST-ZIP					
TITLE	VTD Delete Till GERY, LENKAL							Change	■ Addition
NAME STREET ADDRESS	I			ET ADORESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	tinu	E			[Change	☐ Addition
NAME			NAM	- 1					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition
NAME		Last Detecte	NAM				L	Change	
STREET ADDRESS			SIRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	l			[Change	■ Addition
NAME STREET ADDRESS			NAM	ET ADORESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	E				Change	☐ Addition
NAME			NAM	l				-	
STREET ADDRESS				ET ADORESS -ST-ZIP					
	Legitify that the information supplied with t	this filing does not qualify for			Section 119 07/9/6	Florida Statuta	I further seed	u that the t-	tormetic=
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 if changed, or on an attachment with all other like empowered.									