2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092818

VALENTINE, HUMBERTO

ATLANTIC BEACH, FL 32233

900 PLAZA DRIVE #61

Name:

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

Entity Name: A QUALITY CLEAN SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2905 HENDRICKS AVENUE JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 2905 HENDRICKS AVENUE JACKSONVILLE, FL 32207 FEI Number: 59-3754382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTSON, DIANA L 2905 HENDRICKS AVENUE US JACKSONVILLE, FL 32207 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOP () Delete () Change () Addition ROBERTSON, DIANA L Name: Name: 2905 HENDRICKS AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: Title: () Delete (X) Change () Addition ROBERTSON, DIANA L Name: ROBERTSON, DIANA L Name: 2905 HENDRICKS AVENUE 2905 HENDRICKS AVE Address: Address: JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: VPD Title: (X) Delete () Change () Addition DUNCAN, BILL A III Name: Name: 5113 FIRESTONE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: VPD (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA L. ROBERTSON CEOP 04/28/2006