2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000069040

Entity Name: ESTATE PRESSURE CLEANING, INC.

FILED Jul 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

9172 COVE POINT CIRCLE 8547 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

9172 COVE POINT CIRCLE 8547 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

FEI Number: 43-1971423 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:

ARISTIZABAL, CHRISTINA
9172 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437 US

ARISTIZABAL, DAVID
8547 WOODGROVE HARBOR LANE
BOYNTON BEACH, FL 33437 US

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: DAVID ARISTIZABAL 07/07/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARTISTIZABAL, CHRISTINA ARISTIZABAL, CHRISTINA Name: Name: 9172 COVE POINT CIRCLE Address: 8547 WOODGROVE HARBOR LANE Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437

Name: Name: ARISTIZABAL, DAVID

Address: Address: Address: 8547 WOODGROVE HARBOR LANE
City-St-Zip: BOYNTON BEACH, FL 33437

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.

SIGNATURE: DAVID ARISTIZABAL P 07/07/2006