


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90549 042 \*\*\*150.00

<b>DOCUMENT # P02000092816</b> 1. Entity Name <b>HOUSE OF CLEAN, INC.</b>					
Principal Place of Business <b>10434 SOVEREIGN DRIVE LARGO, FL 33774</b>			Mailing Address <b>BEARSS</b> <b>3355 BEARSS AVENUE TAMPA, FL 33618</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3355 Bearss Ave</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Tampa, Florida</b> Zip <b>33618</b>		4. FEI Number <b>11-3650431</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SANDERS, WALTER BEARSS 3355 W. BEARSS AVENUE TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent Name <b>Walter Sanders</b> Street Address (P.O. Box Number is Not Acceptable) <b>3355 Bearss Ave</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33618</b>	
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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>04/05/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UHLENDORF, TRUONG</b> <input type="checkbox"/> Delete <b>10434 SOVEREIGN DRIVE</b> <b>LARGO, FL 33774</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an address, with all other like empowered.					
SIGNATURE: <u>Truong Uhlendorf</u> <u>Truong Uhlendorf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/16/04</u> Daytime Phone #		