
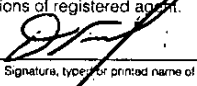
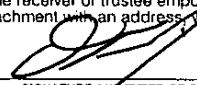


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90041 029 ***150.00

DOCUMENT # P02000112990 1. Entity Name DUFFY PRESSURE CLEANING, INC.					
Principal Place of Business 11440 NW 29TH STREET SUNRISE, FL 33323			Mailing Address 11440 NW 29TH STREET SUNRISE, FL 33323		
2. Principal Place of Business 540 SW 101 Avenue Suite, Apt. #, etc.		3. Mailing Address 540 SW 101 Avenue Suite, Apt. #, etc.			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 06-2300000 56-2300000	
Zip 33324		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUARACINO, DENNIS JR 11430 NW 29TH STREET SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name Guaracino, Dennis Jr. Street Address (P.O. Box Number is Not Acceptable) 540 SW 101 Avenue City Plantation, FL Zip Code 33324		
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 required when reinstating) 4-24-06 <small>Signature, type or printed name of registered agent and title if applicable</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARACINO, DENNIS JR 11440 NW 29 STREET SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guaracino, Dennis Jr. 540 SW 101 Avenue Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 exemptions contained 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 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: 		Date 0424-06 (954) 4102219 <small>Daytime Phone #</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					