2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 8:00 am Secretary of State DOCUMENT # P02000117094 01-29-2007 90096 022 ***150.00 BEACHY CLEAN CARPET CLEAN, INC. Principal Place of Business Mailing Address マママママコココ 5707 HIGHWAY 98 WEST **5707 HIGHWAY 98 WEST** SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business - No PO Box # 3. Mailting Address 43 Starlight Lane Suite, Apt. #, otc 43 Starlight 01232007 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For Rosa Beach FL Santa <u>Rosa</u> Santa 65-1163316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Walton Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brandon Hohbs MATZ, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 5707 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 (ane 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typicition printed name of requisered agont and late if approachs. (2011) 6. Rea sterest Americ somatime recovered when approximately at MATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contabution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE Dele:e 7,1,6 Change Addition MANE MATZ, MICHAEL F NAM: STREET ADDRESS 5707 HIGHWAY 98 WEST STREET ADDRESS DiTY-ST-ZIP SANTA ROSA BEACH, FL 32459 @11-81-7P 1171 } ☐ Delere 1016 Change Addition President Hobbs, Brandon 43 Starlight Cane Sonta Ross Beach, NAME HOBBS, BRANDON NAM-STREET ADDRESS 5707 HIGHWAY 98 WEST STREET ADDRESS CITY-SI-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-7/P HE ☐ Detere TITLE ☐ Addition NAME U.U. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP C. 1-S1-72 TRIE ☐ Deleæ 7171.5 ☐ Addinon NAME JA M STREET ADDRESS SPREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP HTLE Delear: Change Addition NAME IAM: STREET AUDITESS STEER - ADDRESS CHY-ST-ZIP CITY-S1-ZiP mu ☐ Defete $m_{\rm LE}$ ☐ Change Addison MAME MA: STREET ADDRESS STREET ASSPESS CITY-ST-ZIP Q15-S1-7P 12. I hereby certify that the information supplied with this filling 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 ooth; 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:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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