


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90027 050 ***158.75

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| DOCUMENT # P03000031337 | |  |
| 1. Entity Name ORANGE POWER CLEANING PRODUCTS, INC. | | |

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| Principal Place of Business 301 NW 36TH STREET MIAMI, FL 33127 | Mailing Address 301 NW 36TH STREET MIAMI, FL 33127 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01062006 Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 51-0453657 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|--|--|--|
| 6. Name and Address of Current Registered Agent DELLUTRI, SALVATORE 301 NW 36TH STREET MIAMI, FL 33127 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 reappointing) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DELLUTRI, JOSEPH 301 NW 36TH STREET MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Dellutri, Maria Elena 301 NW 36th Street Miami, Florida 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD DELLUTRI, SALVATORE 301 NW 36TH STREET MIAMI, FL 33127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Dellutri, Salvatore 301 NW 36th Street Miami, Florida 33127 <input checked="" 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 | VP Dellutri, Elena 301 NW 36th Street Miami, Florida 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Dellutri, Samantha 301 NW 36th Street Miami, Florida 33127 <input type="checkbox"/> Change <input checked="" 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 |

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: Salvatore Dellutri **Salvatore Dellutri** 2/16/06 (305) 576-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #