


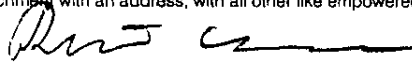


FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000086023				Secretary of State	
1. Entity Name DAZZLE CLEAN, INC.					
Principal Place of Business 25623 PARADISE RD BONITA SPRINGS, FL 34135-7770		Mailing Address 25623 PARADISE RD BONITA SPRINGS, FL 34135-7770			
DO NOT WRITE IN THIS SPACE					
		01092008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 20-0156436		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEHMANN, RAINER 25581 PARADISE ROAD BONITA SPRINGS, FL 34135		DO NOT WRITE IN THIS SPACE			
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		 03/04/08-80051-011 158.75			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD LEHMANN, RAINER 25623 PARADISE RD BONITA SPRINGS, FL 34135			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S LEHMANN, JUNE M 25623 PARADISE RD BONITA SPRINGS, FL 34135			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: 		2/21/08 239-565-6017			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			