

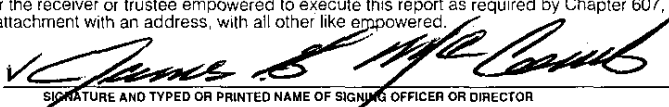


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000100758</b>						<b>FILED</b> <b>04 OCT -8 PM 12:13</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> AMERICAN DREAM PRESSURE CLEANING & MAINTENANCE, INC.							
<b>Principal Place of Business</b> 8481 SPRINGTREE DR 402-B SUNRISE, FL 33351		<b>Mailing Address</b> 8481 SPRINGTREE DR 402-B SUNRISE, FL 33351					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4777 N.W. 103 AVE. Suite, Apt. #, etc. BAY 27 City & State Sunrise, Fla. Zip 33351					
<b>4. FEI Number</b> 06-1708188		<b>Applied For</b> <input type="checkbox"/> Not Applicable		09202004    Chg-P    CR2E034 (10/03)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> MCCOMB, JAMES 8481 SPRINGTREE DR 402-B SUNRISE, FL 33351					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code						<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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>				<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>D</b> <input type="checkbox"/> Delete MCCOMB, JAMES 8481 SPRINGTREE DR 402 B SUNRISE, FL 33351		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500041709865</b> <b>10/08/04--01029--012 ***150.00</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>D</b> <input type="checkbox"/> Delete PENTOLINO, NORMAN 338 SW 79TH WAY NORTH LAUDERDALE, FL 33068		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>							
<b>SIGNATURE:</b> 				<b>10-4-04</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date    Daytime Phone #			