2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052293

Entity Name: NORTH PINELLAS VACUUMS, INC.

FILED Feb 24, 2005 Secretary of State

Current Principal Place of Business: New I	Principal Place of Business:
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30135 US HWY 19 N CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

30135 US HWY 19 N CLEARWATER, FL 33761

FEI Number: 55-0863144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORTE, MICHELE 30135 US HWY 19 N CLEARWATER, FL 33761 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: FORTE, MICHELE Name: FORTE, MICHELE Address: 374 OVERSTREET CT Address: 2023 SAGINAW CT

Address: 374 OVERSTREET CT Address: 2023 SAGINAW CT
City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: OLDSMAR, FL 34677

Title: Title: () Delete (X) Change () Addition Name: FORTE, MICHAEL II Name: FORTE, MICHAEL II 374 OVERSTREET CT 2023 SAGINAW CT Address: Address: PALM HARBOR, FL 34683 OLDSMAR, FL 34677 City-St-Zip: City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FORTE, STEPHEN
 Name:
 FORTE, STEPHEN

 Address:
 374 OVERSTREET CT
 Address:
 2023 SAGINAW CT

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE FORTE PRES 02/24/2005