## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 07, 2006 8:00 am Secretary of State

DOCUMENT # P0400070383  1. Entity Name PRESSURE CLEAN IT CORPORATION			06-07-2006 90001 030 ***150.00	
Principal Place of Business	Mailing Address		╡ .	
9761 SANTA ROSA DR.	9761 SANTA ROSA DR.			
TAMARAC, FL 33321	TAMARAC, FL 33321		,	
`			A IERIJARA IJA GEMI ETEK REJIK	ADIM ASIN CAND HAM ACHA ACHA NIAN ING ANG ANG ANG ANG ANG
2. Principal Place of Business 9761 SMJTH ROSH DRIVE.		Rosa Dr	_ 2,	
Suite, Apt. #, etc:	Suite, Apt. #, etc.	14.	05302006 Chg-P	CR2E034 (11/05)
City & State	City & State	-117 /	4. FEI Number	Applied For
THMARK HORIDA	TAMARAC FI	oridH	90-0182047	Not Applicable
ZipCountry		ountry	5. Certificate of Status De	sired S8.75 Additional
6. Name and Address of Current		nowhig	7. Name and Address of	Fee Required New Registered Agent
5, 161110 2.14 2.00 57 52.1511	1	Name	110 (1	
SEDLER, HERBERT B.		Street Address	(P.O. Box Numbers Not Acc	ANGE OF
9761 SANTA ROSA DR. TAMARAC, FL 33321    Street Address (P.O. Box Numbers Not Acceptable)   SSES				
	1 CHANT		//	
		City		FL Zip Code
8. The above named entity submits this statement for	r the purpose of changing its regis	stered office on regist	ered agent, or both, in the Stat	!
the obligations of registered agent.		$\lambda 1/z$	•	,
SIGNATURE		/V/ C		
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	islered Ageni signature requir	red when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	Election Campaign F     Trust Fund Contributi		5.00 May Be ided to Fees	
10. OFFICERS AND		11,	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 11
TITLE D  NAME SEDLER, HERBERT B		TITLE NAME	/	☐ Change ☐ Addition
STREET ADDRESS 9761 SANTA ROSA DR.		STREET ADDRESS	15/0	
CITY-ST-ZIP TAMARAC, FL 33321		CITY-ST-ZIP	// / (	<u>,</u>
TITLE	☐ Delete	TITLE	1/1	☐ Change ☐ Addition
NAME CAPITATE LODGES		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	AIII	,
TIRE	☐ Delete	TITLE	- / <b>v</b> / - Ç	☐ Change ☐ Addition
NAME /		NAME	" / 1 "	•
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		
TITLE			_/ <u> </u>	Change Addition
NAME 1		TITLE NAME		Change   Numition
STREET ADDRESS / 1 /?		STREET ADDRESS	- [\] [\] [\] [\]	<b>7</b>
CITY-ST-ZIP		CITY-ST-ZIP	/ / / C	<u> </u>
TITLE		TITLE NAME		Change Addition
NAME STREET ADDRESS		STREET ADDRESS	/////////	
CITY-ST-ZIP		CITY-ST-ZIP	101	
TITLE	☐ Delete	TITLE	' ' ' ' ' ' ' ' '	☐ Change ☐ Addition
NAME		NAME CYPECT ADDRESS	$-\lambda / / 2$	
STREET ADDRESS CITY-ST-ZIP	1	STREET ADDRESS CITY-ST-ZIP	/V: / (	_
	this filing does not qualify for the		ed in Chapter 119, Florida Sta	tutes. I further certify that the information
I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee expension.	True and accurate and that my si owered to execute this report as re	gnature shall have the equired by hapter 6	e same legal effect as if made 07, Florida Statutes; and that n	under oath; that I am an officer or director ny name appears in Block 10 or Block 11 if
changed, or on an attachment with an addies,	with all other like empowered.		11	au pace
SIGNATURE:	//		6/5/06	454-722-023
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR D	IRECTOR	Date	Daytime Phone #
HERBERT B. SECTION				
PYERDERI N. JEW.				