

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000082038

1. Entity Name
CLEANING TECHS, INC.



**FILED
Jun 01, 2006 8:00 am
Secretary of State**

06-01-2006 90001 007 ***158.75

50020144



05102006 Chg-P CR2E034 (11/05)

Principal Place of Business 12031 CANDLEWYCKE LANE JACKSONVILLE, FL 32225		Mailing Address 12031 CANDLEWYCKE LANE JACKSONVILLE, FL 32225	
2. Principal Place of Business 4541 St. Augustine Rd Ste 2		3. Mailing Address 4541 St. Augustine Rd	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country DUVAL	Zip 32207	Country DUVAL
6. Name and Address of Current Registered Agent DEGROSS, JOEL S 12031 CANDLEWYCKE LANE JACKSONVILLE, FL 32225		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

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGROSS, JOEL S 12031 CANDLEWYCKE LANE JACKSONVILLE, FL 32225	<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
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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:

(Signature and type or printed name of signing officer or director)

Date

Daytime Phone #

5/24/06