


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000097108  
1. Entity Name  
PINK DOLPHIN CLEANING CORP.



Principal Place of Business  
1174 SW IRVING ST.  
PORT ST. LUCIE, FL 34983

Mailing Address  
1174 SW IRVING ST.  
PORT ST. LUCIE, FL 34983

**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number  
84-1651742

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CARRERA, WILSON R  
1174 SOUTH WEST IRVING ST  
PORT SAINT LUCIE, FL 34983

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | PS                         |
| NAME           | CARRERA, WILSON R          |
| STREET ADDRESS | 1174 SOUTH WEST IRVING ST  |
| CITY-ST-ZIP    | PORT SAINT LUCIE, FL 34983 |
| TITLE          | VPT                        |
| NAME           | CARRERA, CONCEPCION S      |
| STREET ADDRESS | 1174 SOUTH WEST IRVING ST  |
| CITY-ST-ZIP    | PORT SAINT LUCIE, FL 34983 |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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02/03/07-80049-010 150.00

**DO NOT WRITE IN THIS SPACE**

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] Date: 1-22-07 Daytime Phone #: 561-957-7742