

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90050 039 \*\*\*150.00

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01142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000111177</b>					
1. Entity Name <b>CATHYCLEAN, INC.</b>					
Principal Place of Business <b>7626 SW 8TH STREET OCALA, FL 34474</b>			Mailing Address <b>7626 SW 8TH STREET OCALA, FL 34474</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1421859</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HARVEY, CATHY 7425 SW 22ND STREET OCALA, FL 34474</b>			Name <b>Harvey, Catherine</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>7626 SW 8th Street</b>		
			City <b>Ocala, FL</b> Zip Code <b>34474</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.					
SIGNATURE <b>Catherine M. Harvey</b>			DATE <b>1-14-07</b>		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HARVEY, CATHERINE M 7425 SW 22ND STREET OCALA, FL 34474</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>7626 SW 8th Street Ocala, FL 34474</b>	<input checked="" 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: <b>Catherine M. Harvey</b>			Date <b>1-14-07</b> Daytime Phone # <b>352-427-2769</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					