


**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90049 007 \*\*\*158.75

|                                                                                                                                                                                                                               |                              |                                                                                                                        |                                                       |                                                                                                            |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P04000127674</b>                                                                                                                                                                                                |                              |                                       |                                                       | <b>San 10, 2007 8:00 am</b><br><b>Secretary of State</b><br>01-10-2007 90049 007 ***158.75                 |                                   |
| 1. Entity Name<br><b>CLEANBREAK INVESTMENT INC.</b>                                                                                                                                                                           |                              |                                                                                                                        |                                                       |                                                                                                            |                                   |
| Principal Place of Business<br><b>3222 CARAWAY ST<br/>COCOA, FL 32926</b>                                                                                                                                                     |                              | Mailing Address<br><b>P.O. BOX 237853<br/>COCOA, FL 32926-7853</b>                                                     |                                                       |                                                                                                            |                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                              | 3. Mailing Address<br><b>3222 CARAWAY ST</b>                                                                           |                                                       |                                                                                                            |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                              | Suite, Apt. #, etc.                                                                                                    |                                                       |                                                                                                            |                                   |
| City & State                                                                                                                                                                                                                  |                              | City & State<br><b>COCOA FL</b>                                                                                        |                                                       | 4. FEI Number<br><b>20-2841756</b>                                                                         |                                   |
| Zip                                                                                                                                                                                                                           |                              | Zip<br><b>32926</b>                                                                                                    |                                                       | Country<br><b>USA</b>                                                                                      |                                   |
| Country                                                                                                                                                                                                                       |                              | Country                                                                                                                |                                                       | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent<br><b>AUKER-HOWLETT, GARY W<br/>3222 CARAWAY ST<br/>COCOA, FL 32926</b>                                                                                                       |                              |                                                                                                                        |                                                       | 7. Name and Address of New Registered Agent                                                                |                                   |
|                                                                                                                                                                                                                               |                              |                                                                                                                        |                                                       | Name                                                                                                       |                                   |
|                                                                                                                                                                                                                               |                              |                                                                                                                        |                                                       | Street Address (P.O. Box Number is Not Acceptable)                                                         |                                   |
|                                                                                                                                                                                                                               |                              |                                                                                                                        |                                                       | City                                                                                                       |                                   |
|                                                                                                                                                                                                                               |                              |                                                                                                                        |                                                       | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  |                              |                                                                                                                        |                                                       |                                                                                                            |                                   |
| DATE _____                                                                                                                                                                                                                    |                              |                                                                                                                        |                                                       |                                                                                                            |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                 |                              | 9. Election Campaign Financing<br>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                                                                                                                                                                                                                         | P                            | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | <input type="checkbox"/> Change                                                                            | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | <b>AUKER-HOWLETT, GARY</b>   |                                                                                                                        | NAME                                                  |                                                                                                            |                                   |
| STREET ADDRESS                                                                                                                                                                                                                | <b>3222 CARAWAY ST</b>       |                                                                                                                        | STREET ADDRESS                                        |                                                                                                            |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   | <b>COCOA, FL 32926</b>       |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                            |                                   |
| TITLE                                                                                                                                                                                                                         | V                            | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | <input type="checkbox"/> Change                                                                            | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | <b>AUKER-HOWLETT, DEBBIE</b> |                                                                                                                        | NAME                                                  |                                                                                                            |                                   |
| STREET ADDRESS                                                                                                                                                                                                                | <b>3222 CARAWAY ST</b>       |                                                                                                                        | STREET ADDRESS                                        |                                                                                                            |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   | <b>COCOA, FL 32926</b>       |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                            |                                   |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | <input type="checkbox"/> Change                                                                            | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                              |                                                                                                                        | NAME                                                  |                                                                                                            |                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                                                                                                        | STREET ADDRESS                                        |                                                                                                            |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                              |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                            |                                   |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | <input type="checkbox"/> Change                                                                            | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                              |                                                                                                                        | NAME                                                  |                                                                                                            |                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                                                                                                        | STREET ADDRESS                                        |                                                                                                            |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                              |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                            |                                   |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | <input type="checkbox"/> Change                                                                            | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                              |                                                                                                                        | NAME                                                  |                                                                                                            |                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                                                                                                        | STREET ADDRESS                                        |                                                                                                            |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                              |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                            |                                   |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | <input type="checkbox"/> Change                                                                            | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                              |                                                                                                                        | NAME                                                  |                                                                                                            |                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                                                                                                        | STREET ADDRESS                                        |                                                                                                            |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                              |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                            |                                   |

**SIGNATURE.**

D. Adler - Howlett

01/08/2007.