2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 8:00 am Secretary of State **DOCUMENT # P04000127674** 01-10-2007 90049 007 ***158.75 CLEANBREAK INVESTMENT INC. Principal Place of Business Mailing Address 3222 CARAWAY ST P.O. BOX 237853 4000-COCOA, FL 32926 COCOA, FL 32926-7853 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3222 CARAWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For £ι 20-2841756 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUKER-HOWLETT, GARY W Street Address (P.O. Box Number is Not Acceptable) 3222 CARAWAY ST COCOA, FL 32926 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change □ Addition AUKER-HOWLETT, GARY NAME NAME 3222 CARAWAY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME AUKER-HOWLETT, DEBBIE NAME STREET ADDRESS 3222 CARAWAY ST STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP

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.

CIGNATURE D. DIGG - HOWLETE

01/08/2007

FILED