


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000155868 1. Entity Name CHAMPIONS PRESSURE WASHING SEALING & PAINTING INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 11 AM 8:21



04182006 Chg-P CR2E034 (11/05)

Principal Place of Business 8407 SW 5TH STREET, SUITE 208 PEMBROKE PINES, FL 33025	Mailing Address PEMBROKE PINES PEMBROKE PINES, FL 33025
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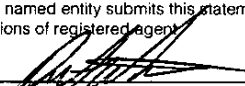
2. Principal Place of Business 16160 SW 71st Terrace Suite, Apt. #, etc.	3. Mailing Address 16160 SW 71st Terrace Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
Zip 33193	Zip 33193
Country Dade	Country Dade

4. FEI Number 20-1908411	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITMAN, DANIELA 8407 SW 5TH STREET, SUITE 208 PEMBROKE PINES, FL 33025
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7. Name and Address of New Registered Agent Name Bret Whitman Street Address (P.O. Box Number is Not Acceptable) 16160 SW 71st Terrace City Miami FL Zip Code 33193
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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  Bret Whitman V/P 4/18/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WHITMAN, DANIELA 8407 SW 5TH STREET, SUITE 208 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P Whitman, Bret 16160 SW 71st Terrace Miami FL, 33193 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600075550186 05/31/06--01019--013 **75.00 <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
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
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:  Daniela Whitman PD	04/18/06 (954) 665-6168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #