

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000158282</b>					
<b>1. Entity Name</b> <b>A &amp; J SPRAY CLEAN INC.</b>					
<b>Principal Place of Business</b> <b>8360 NW 27 PLACE</b> <b>SUNRISE, FL 33322</b>			<b>Mailing Address</b> <b>8360 NW 27 PLACE</b> <b>SUNRISE, FL 33322</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
<b>5. Certificate of Status Desired</b> <span style="float: right;"><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></span>				<b>02222005</b> <b>Chg-P</b> <b>CR2E034 (10/03)</b> <span style="float: right;"><i>MRD</i></span>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>ZANETTI, ELYSE L</b> <b>8360 NW 27 PL</b> <b>SUNRISE, FL 33322</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZANETTI, STEPHEN L</b> <input type="checkbox"/> Delete <b>8360 NW 27 PL</b> <b>SUNRISE, FL 33322</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Supervising Employee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bernard John Utter</b> <b>8360 NW 27th Place</b> <b>Sunrise, FL 33322</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZANETTI, ELYSE L</b> <input type="checkbox"/> Delete <b>8360 NW 27 PL</b> <b>SUNRISE, FL 33322</b>		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	<b>200048441462</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/15/05--01027--020</b> <b>**158.75</b>	
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	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <i>Elyse Zanetti</i>			<b>2/22/05</b> <b>954-748-9970</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		