

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164263

FILED
Jul 24, 2006
Secretary of State

Entity Name: CERTIFIED CLEANING & RESTORATION OF NW FLORIDA, INC.

Current Principal Place of Business:

516 MOUNTAIN DRIVE
SUITE 106
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

P O BOX 305
DESTIN, FL 32540

New Mailing Address:

FEI Number: 56-2490240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, JOSHUA S
513 MOUNTAIN DRIVE, SUITE 106
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

RAY, JOSHUA S
516 MOUNTAIN DRIVE, SUITE 106
DESTIN, FL 32541 US

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.

SIGNATURE: JOSHUA S. RAY

07/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, JOSHUA S
Address: 516 MOUNTAIN DRIVE, SUITE 106
City-St-Zip: DESTIN, FL 32541

Title: V (X) Delete
Name: MERCER, OMRY
Address: 516 MOUNTAIN DRIVE, SUITE 106
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: RAY, KRISTI D
Address: 516 MOUNTAIN DRIVE, SUITE 106
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: RAY, JONAH
Address: 516 MOUNTAIN DRIVE, SUITE 106
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA S. RAY

P

07/24/2006

Electronic Signature of Signing Officer or Director

Date