2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P04000165390 1. Entity Name INNOVATIVE CLEANING CONCEPTS, INC.						•	05-02-2008	90171 010 *** 15	0.00	
Principal Place of Business Mailing Address										
1497 MAIN STREET 1497 MAIN STREET					[
361 Dunedin, Fl	34698	361 Dunedin, Fl. 34698			÷	 	B'RIII BIBII BBUI BBIA BBI	BI HETE EMEL ENTE HUNT FENH ET	II(\$8) (1 (86)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04022008	Chg-P	CR2E034 (12/06)		
City & State		City & State				4. FEI Number 20-1983			pplied For ot Applicable	
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Register							legistered Agent			
PFEIFER, JESSICA					Adam Waintarub					
1497 MAIN STREET					Street Address (P.O. Box Number is Not Acceptable)					
361 DUNEDIN, FL 34698				50ite 361					·	
				City (City Dunalin FL 34698					
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 MANATURINAUD APRIL 2225										
Signature-typed or printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND		11.		-	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	17	
TITLE ! NAME	P PFEIFER, JESSICA	Delete	TITLE	i .	\mathcal{L}_{i}	T. TRAN	ih Adam	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1497 MAIN STREET, SUITE 361		STRE	ET ADDRESS -ST-ZIP	140	yan main'staget, Suite 361 Dunadin, FC 34698				
TITLE	VP	Delete	TITLE		5.7	(0	☐ Change	Addition	
NAME	WEINTRAUB, ADAM	,	NAM		We	untro	b Adam	n = 161		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP	Duncolin PC 34698					
TITLE		☐ Defete	THTLE	I.				☐ Change	Addition Addition	
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CITY-ST-ZIP				- ST - ZIP						
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TITLE		☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP				-ST-ZIP						
LILLE .		Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAM. STRE	E ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information										

Indicated on this report or supplied with this filling does not qualify for the eventplions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

GNATURE:

GNATU