

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90171 010 ***150.00

DOCUMENT # P04000165390 1. Entity Name INNOVATIVE CLEANING CONCEPTS, INC.					
Principal Place of Business 1497 MAIN STREET 361 DUNEDIN, FL 34698			Mailing Address 1497 MAIN STREET 361 DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1983019	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PFEIFER, JESSICA 1497 MAIN STREET 361 DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Adam Weintraub Street Address (P.O. Box Number is Not Acceptable) 1497 MAIN STREET Suite 361 City Dunedin FL Zip Code 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: DATE: April 22 2008					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PFEIFER, JESSICA 1497 MAIN STREET, SUITE 361 DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Weintraub, Adam 1497 main street suite 361 Dunedin, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINTRAUB, ADAM 1497 MAIN STREET, SUITE 361 DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T. Weintraub, Adam 1497 main street suite 361 Dunedin FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: President			DATE: April 22 2008 (727) 422-3535		