## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 03, 2006 8:00 am Secretary of State DOCUMENT # P05000010926 03-03-2006 90118 046 \*\*\*150.00 1. Entity Name CLEANING UNDER PRESSURE, INC. Principal Place of Business Mailing Address 1080 LAUREL OAKS CT 1080 LAUREL OAKS CT OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address 875 falkirk Dr. 875 falkirk Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 43-1456474 City & State City & State Applied For Not Applicable Count \$8.75 Additional 5. Certificate of Status Desired USA USA 708 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTOMAURO SANTOMAURO, KEVIN (P.O. Box Number is Not Acceptable). 1080 LAUREL ÓAKS CT OVIEDO FL 32765 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Kevin Santomauro TITLE TITLE Delete ☐ Addition NAME SANTOMAURO, KEVIN 875 Falkirk Drive NAME STREET ADDRESS 1080 LAUREL OAKS CT STREET ADDRESS Winter Springs, FL 32708 CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition Jessica Santomauro 875 Falkirk Driver NAME YURT, JESSICA NAME STREET ADDRESS 1080 LAUREL OAKS CT STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP THTLE \_\_\_\_\_Delete TITLE ☐ Addition\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.