


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000067030		
1. Entity Name CALEB HOWARD'S CLEANING INC		

SECRET
DIVISION OF CORPORATIONS

06 OCT 31 AM 10:06

Principal Place of Business 2118 SE EAST DUNBROOKE CIR PORT ST. LUCIE, FL 34952	Mailing Address 2118 SE EAST DUNBROOKE CIR PORT ST. LUCIE, FL 34952
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REINSTATEMENT 06



2. Principal Place of Business 2755 Helms Ave Suite, Apt. #, etc.	3. Mailing Address 2755 Helms Ave Suite, Apt. #, etc.
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09252006 REIN-P CR2E098 (11/05)

City & State Port St Lucie FL	City & State Port St Lucie FL
Zip 34952	Zip 34952
Country USA	Country USA

4. FEI Number 20-2767962	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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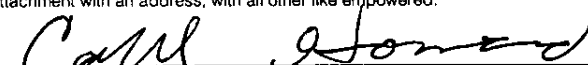
6. Name and Address of Current Registered Agent HOWARD, CALEB 2118 SE EAST DUNBROOKE CIR 2755 Helms Ave PORT ST. LUCIE, FL 34952	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: CALEB HOWARD	DATE: 9-25-06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CALEB 2118 SE EAST DUNBROOKE CIR PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2755 Helms Ave Port St Lucie FL 34952
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 000081351880 10/31/06--01013--011 **158.75
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
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: 	DATE: 9-25-06