


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 034 ***158.75

DOCUMENT # P05000067662 1. Entity Name KLEEN-RITE RESTORATION INC.					
Principal Place of Business 5401 N W 61ST PLACE TAMARAC, FL 33319			Mailing Address 5401 N W 61ST PLACE TAMARAC, FL 33319		
2. Principal Place of Business 1025 SE Bywood Ave Suite, Apt. #, etc.		3. Mailing Address 1025 SE Bywood Ave Suite, Apt. #, etc.			
City & State Port Saint Lucie - FL Zip 34983		City & State Port Saint Lucie - FL Zip 34983		4. FEI Number 01-0849059	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWEITZER, HOWARD 5401 N W 61ST PLACE TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name Howard Schweitzer Street Address (P.O. Box Number is Not Acceptable) 1025 SE Bywood Ave City Port St. Lucie FL Zip Code 34983		
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 01/12/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D SCHWEITZER, HOWARD 5401 N W 61ST PLACE TAMARAC, FL 33319 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Howard Schweitzer 1025 SE Bywood Ave Port St. Lucie, FL 34983 <input checked="" 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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
HOWARD SCHWEITZER 01/12/2006 954.2144559 <small>Date Daytime Phone #</small>					