

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118829

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: C L S CLEANING SYSTEMS INC

## Current Principal Place of Business:

PO BOX 651474  
VERO BEACH, FL 32965

## New Principal Place of Business:

PO BOX 651474  
VERO BEACH, FL 32965 US

## Current Mailing Address:

PO BOX 651474  
VERO BEACH, FL 32965

## New Mailing Address:

PO BOX 651474  
VERO BEACH, FL 32965 US

FEI Number: 20-3260635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SESSIONS, CHARLES  
2045 HIGHLANDS DRIVE  
VERO BEACH, FL 32962 US

## Name and Address of New Registered Agent:

SESSIONS, CHARLES  
2045 HIGHLANDS DRIVE S.W  
VERO BEACH, FL 32962 US

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.

SIGNATURE:

04/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SESSIONS, CHARLES  
Address: 2045 HIGHLANDS DRIVE  
City-St-Zip: VERO BEACH, FL 32962

Title: D ( ) Delete  
Name: SESSIONS, STEFANIE  
Address: 2045 HIGHLANDS DRIVE  
City-St-Zip: VERO BEACH, FL 32962

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SESSIONS, CHARLES  
Address: 2045 HIGHLANDS DRIVE S.W  
City-St-Zip: VERO BEACH, FL 32962 US

Title: D (X) Change ( ) Addition  
Name: SESSIONS, STEFANIE  
Address: 2045 HIGHLANDS DRIVE S.W  
City-St-Zip: VERO BEACH, FL 32962 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SESSIONS

D

04/09/2006

Electronic Signature of Signing Officer or Director

Date