
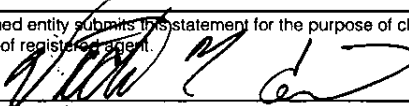
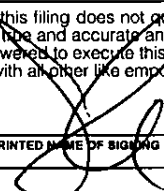


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90244 031 \*\*\*150.00

<b>DOCUMENT # P06000012245</b> 1. Entity Name <b>PRESSURE CLEANING BY AQUA-TECH INC.</b>					
Principal Place of Business <b>P. O. BOX 10522 PENSACOLA, FL 32524</b>			Mailing Address <b>P. O. BOX 10522 PENSACOLA, FL 32524</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>20-1572921 20-4371836</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent Name <b>ALL FLORIDA FIRM INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>813 Deltona Blvd, Ste A</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32725</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Victor Erwin for All Florida Firm Inc</b> </div> <div style="width: 20%; text-align: right;"> <b>1-28-08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO, SONNY P. O. BOX 10522 PENSACOLA, FL 32524	<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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>1/28/08</b> <small>Daytime Phone #</small>					