

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90020 028 \*\*\*150.00

**DOCUMENT # P06000017111**

1. Entity Name  
**KLEEN SWEEP USA INC.**



Principal Place of Business  
**3747 GRANDEWOOD BLVD  
APT. 535  
ORLANDO, FL 32837**

Mailing Address  
**3747 GRANDEWOOD BLVD  
APT. 535  
ORLANDO, FL 32837**

2. Principal Place of Business - No P.O. Box #  
**2055 THOMASVILLE RD**

3. Mailing Address  
**7512 DR. PHILLIPS BLVD**



01082007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
**APT. C-307**

Suite, Apt. #, etc.  
**STE 50, PMB 205**

City & State  
**TALLAHASSEE, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**20-4253304**

Applied For  
Not Applicable

Zip  
**32308**

Country

Zip  
**32819**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SMOLA, ADAM  
3747 GRANDEWOOD BLVD  
APT. 535  
ORLANDO, FL 32837**

## 7. Name and Address of New Registered Agent

Name  
**ADAM SMOLA**

Street Address (P.O. Box Number is Not Acceptable)

**2055 THOMASVILLE RD, APT. C-307**

City  
**TALLAHASSEE**

FL

Zip Code  
**32308**

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 **Adam Smola**  
Signature, typed or printed name of registered agent and title if applicable.

**ADAM SMOLA  
REG. AGENT**

**2/14/07**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SMOLA, ADAM  
3747 GRANDEWOOD BLVD, APT. 535  
ORLANDO, FL 32837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**7512 DR. PHILLIPS BLVD, STE 50, PMB 205  
ORLANDO, FL 32819**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **Adam Smola**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ADAM SMOLA  
PRES.**

**2/14/07 407-616-5709**

Date

Daytime Phone #