


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90180 011 \*\*\*150.00

<b>DOCUMENT # P06000086607</b>	
1. Entity Name EUROPEAN CLEANING, INC.	

Principal Place of Business 3325 AIRPORT ROAD NORTH #1 NAPLES, FL 34105 US	Mailing Address 3325 AIRPORT ROAD NORTH #1 NAPLES, FL 34105 US
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2. Principal Place of Business - No P.O. Box # 1270 WILDWOOD LAKES BLVD.	3. Mailing Address 1270 WILDWOOD LAKES BLVD
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34104	Country U.S.A

400001130



03242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ENE, MIOARA 3325 AIRPORT ROAD NORTH #1 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name ENE MIOARA Street Address (P.O. Box Number is Not Acceptable) 1270 WILDWOOD LAKES BLVD. #103 City NAPLES FL Zip Code 34104	
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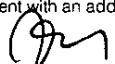
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  MIOARA ENE 03/24/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENE, MIOARA 3325 AIRPORT ROAD NORTH #1 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENE, MIOARA 1270 WILDWOOD LAKES BLVD. #103 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENE, ION 10585 NOAH'S CIRCLE #322 NAPLES, FL 34116 <input checked="" 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
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:  MIOARA ENE 03/24/07 (239) 280 6856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #