2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000100044

Entity Name: PRO QUALITY PRESSURE CLEANING INC.

Current Principal Place of Business:

1549 SW LEISURE LN
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

1614 SW RUIZ TER
PORT ST. LUCIE, FL 34953

Current Mailing Address:

1549 SW LEISURE LN
PORT ST. LUCIE, FL 34953

New Mailing Address:

1614 SW RUIZ TER
PORT ST. LUCIE, FL 34953

FEI Number: 20-5317854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NGUON, MARION
1549 SW LEISURE LN
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

NGUON, MARION
1614 SW RUIZ TER
PORT ST. LUCIE, FL 34953 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: MARION NGUON 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POLANSKY, RONALD P
Address: 1549 SW LEISURE LN
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: NGUON, MARION
Address: 1549 SW LEISURE LN
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POLANSKY, RONALD P
Address: 1614 SW RUIZ TER
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: NGUON, MARION
Address: 1614 SW RUIZ TER
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify 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: MARION NGUON VP 04/27/2007
Electronic Signature of Signing Officer or Director Date