

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117163

Entity Name: ALL CLEAN CARE CORP.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

1768 WELLESLEY CIR
#6
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

1768 WELLESLEY CIR
#6
NAPLES, FL 34116 US

New Mailing Address:

PO BOX 10674
NAPLES, FL 34101 US

FEI Number: 20-5527987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPL INCOME TAX CORP
6006 RADIO RD
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVA, ANDREZZA
Address: 1768 WELLESLEY CIR #6
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOGUEIRA DASILVA, ANDREZZA O
Address: 1768 WELLESLEY CIR #6
City-St-Zip: NAPLES, FL 34116 US

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: ANDREZZA O NOGUEIRA DA SILVA

P

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date