2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P06000144687

Entity Name: SPLISH SPLASH PRESSURE WASHING INC.

Current Principal Place of Business:

653 TUMBLE BROOK DR
PORT ORANGE, FL 32127

New Principal Place of Business:

1218 TRACY DRIVE
PORT ORANGE, FL 32129

Current Mailing Address:

P.O. BOX 214727
S. DAYTONA, FL 321214727

New Mailing Address:

FEI Number: 22-3947187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONNIE'S ACCOUNTING SERVICE
909 BIG TREE RD.
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

CPA FINANCIAL ALLIANCE, LLC
619 BEVILLE ROAD
SOUTH DAYTONA, FL 32119 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: MIKE LIGUORI 03/31/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NICHOLS, PEGGY A
Address: 653 TUMBLE BROOK DR
City-St-Zip: PORT ORANGE, FL 32127

Title: SEC ( ) Delete
Name: ROTELLA, JOSEPH
Address: 653 TUMBLE BROOK DR
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete
Name: LINDSTROM, JOSEPH
Address: 1323 ASPEN ST
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: NICHOLS, PEGGY A
Address: 1218 TRACY DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: SEC (X) Change ( ) Addition
Name: ROTELLA, JOSEPH
Address: 1218 TRACY DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MIKE LIGUORI RA 03/31/2009
Electronic Signature of Signing Officer or Director Date