

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90020 007 ***150.00

DOCUMENT # P07000004046 1. Entity Name PRECISE CLEANING SOLUTIONS, INC					
Principal Place of Business 624 PINE CIR GREENACRES, FL 33463			Mailing Address 624 PINE CIR GREENACRES, FL 33463		
2. Principal Place of Business - No P.O. Box # 1896 Palm Beach Lakes Blvd		3. Mailing Address Suite, Apt. #, etc. 201			
City & State W.P.B., FL		City & State Greenacres FL			
Zip 33409		Country USA		4. FEI Number 20-8258592	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, JOEL 300 NOTTINGHAM CIR #D GREENACRES, FL 33463				7. Name and Address of New Registered Agent Name Joel A Williams Street Address (P.O. Box Number is Not Acceptable) 624 Pine Cir City Greenacres FL Zip Code 33463	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAMS, JOEL A <input type="checkbox"/> Delete 624 PINE CIR GREENACRES, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRYL, RON <input checked="" type="checkbox"/> Delete 10920 OAK BEND WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kumaric Williams 624 Pine Cir Greenacres FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTTON, JASON <input checked="" type="checkbox"/> Delete 1820 N CONGRESS AVE #409 E WEST PALM BEAC, FL 33401		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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/25/08 Daytime Phone # 561-572-6210		