2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112775

Entity Name: CLEANAIRE, INC

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Nai	me: CLEANAII	KE, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
BLDG. 200	NAN DRIVE), SUITE 100 IVILLE, FL 322	58 US				
Current Mailing Address:			New Maili	New Mailing Address:		
BLDG. 200	NAN DRIVE), SUITE 100 IVILLE, FL 322	58 US				
FEI Number	: 26-1241819	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
10110 SAN	OWLUS, DUSS, N JOSE BLVD IVILLE, FL 3229	MORGAN, KENNEY, SAFE	R			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	its registered office or registered agent, or both,		
SIGNATU	RE:					
	Electroni	c Signature of Registered Ac	jent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () HUMPHREY, CA 1052 HOLLY OA JACKSONVILLE	K COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () MORRIS, MITCH 2532 STAPLEFO ST. AUGUSTINE	ORD LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () LEE, HOWARD 1216 PALM DRI JACKSONVILLE	VE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LEE, HOWARD T 1216 PALM DRIVE JACKSONVILLE, FL 32259 US		
Title: Name: Address: City-St-Zip:	DAVIS, BRANDO	VILLOWS RD. N.	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DAVIS, BRANDON 12477 WINDY WILLOWS RD. N. JACKSONVILLE, FL 32225 US		
Title: Name: Address:	()	Delete	Title: Name: Address:	CFO () Change (X) Addition HUMPHREY, CURTIS J 1052 HOLLY OAKS COURT		

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.

City-St-Zip: JACKSONVILLE, FL 32259

SIGNATURE: CATHERINE R. HUMPHREY PRES 04/15/2009