2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129666

Entity Name: HEALTHY HOME DRY CARPET CLEANING INC.

FILED Mar 03, 2009 Secretary of State

Current P	Princinal Plac	e of Business:	New Princ	New Principal Place of Business:		
	RESS GLEN		9315 MARI	•		
NAPLES,	FL 34109	US	#206 NAPLES, F	#206 NAPLES, FL 34114 US		
Current N	Mailing Addr	ess:	New Mailii	New Mailing Address:		
3235 CYPRESS GLEN WAY #316 NAPLES, FL 34109 US			9315 MARI #206	NO LN		
NAFLES,	FL 34109	03	NAPLES, F	L 34114 US	3	
FEI Number	r: 75-3262854	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	STATES COR AMINGO ROA	PORATION AGENTS, INC. AD				
	KE PINES, FL	_ 33027 US				
	e named entity e of Florida.	y submits this statement for the	purpose of changing it	s registered off	ice or registered agent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registered A	gent		Date	
Election Ca	mpaign Financi	ing Trust Fund Contribution ().				
OFFICER	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:	PRES (() Delete	Title:		Change () Addition	
Name:	AMISANO, FR		Name:	KNUTOWSKI, RY		
Address:		SS GLEN WAY #316	Address:	3235 CYPRESS		
City-St-Zip:	NAPLES, FL	34109 05	City-St-Zip:	NAPLES, FL 341	109.02	
Title:	TRES () Delete	Title:	()(Change ()Addition	
Name:	AMISANO, CI	HRISTOPHER M	Name:			
Address:		SS GLEN WAY #316	Address:			
City-St-Zip:	NAPLES, FL	34109 US	City-St-Zip:			
Title:	SECT () Delete	Title:	()(Change () Addition	
Name:	AMISANO, BE		Name:	() -	· · · · · · · · · · · · · · · · · · ·	
Address:	3235 CYPRE	SS GLEN WAY #316	Address:			
City-St-Zip:	NAPLES, FL	34109 US	City-St-Zip:			
Title:	DIR (

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER M AMISANO DIR 03/03/2009

AMISANO, CHRISTOPHER M

NAPLES, FL 34109 US

3235 CYPRESS GLEN WAY #316

Name:

Address:

City-St-Zip: