## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # P92000008961**

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ADVANCED PRESSURE CLEANING & SEALING, INC.

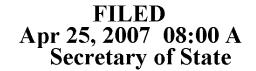


01302007

Principal Place of Business

% MITCHELL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD, FL 33022-3592 Mailing Address

% MITCHELL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD, FL 33022-3592





No Chg-P

CR2E034 (11/05)

WITH DO NOT WRITE IN THIS SPACE					
		4. FEI Number 65-0373502	Applied For Not Applicat		
		5. Certificate of Status Desired Fee	<b>75</b> Additional Required		
6. Name and Address of Current Registered Agent	A daring a series		H <sup>T</sup> AGE 1		
LEBO, CATHLEEN 10316 QUITO STREET COOPER CITY, FL 33026	Company of the	DO NOT WRITE	a line in the		
		IN THIS SPACE	AS I type		
The above named entity submits this statement for the purpose of changing		red agent or both in the State of Florida. Lam famil			
the obligations of registered agent.	its registered unice or register	red agent, or both, in the State of Conda. I am tank	iai witii, ailo acco		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.00		ampaign Finand Contribution.	cing .	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		* *r	1	23. cm - 73. 4 (14.2. 2 - 6)	
TITLE	DP				Brand Alberta	half the minimum of the first the	
NAME	LEBO, CATHLEEN						
STREET ADDRESS	10316 QUITO STREET			July 1999		in the design of the state of the	
CITY-ST-ZIP	COOPER CITY, FL						

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

IN THIS SPAC

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:** 

Daytime Phone #