


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90165 008 ***150.00

CR2E034 (10/02)

DOCUMENT # P94000007720	
1. Entity Name WHEELIE KLEEN, INC.	

Principal Place of Business 5150 WEST COPANS RD. #1102 MARGATE FL 33063	Mailing Address 5150 WEST COPANS RD. #1102 MARGATE FL 33063
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0477441	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCGOUGH, MARGARET E 5150 WEST COPANS RD. #1102 MARGATE FL 33063

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	NAME
P	MCGOUGH, MARGARET E
STREET ADDRESS	5150 WEST COPANS ROAD #1102
CITY - ST - ZIP	MARGATE FL
<input type="checkbox"/> Delete	
TITLE	NAME
VP	MCGOUGH, WILLIAM
STREET ADDRESS	5150 WEST COPANS ROAD #1102
CITY - ST - ZIP	MARGATE FL
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: 4/7/03	Daytime Phone #: 561 394 4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		