

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019189

FILED
Mar 25, 2007
Secretary of State

Entity Name: TRI-COUNTY SWEEPING SERVICES, INC.

Current Principal Place of Business:

4900 SW 51ST
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4900 SW 51ST
DAVIE, FL 33314 US

New Mailing Address:

PO BOX 292457
DAVIE, FL 33329 US

FEI Number: 65-0477678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, MICHAEL D
4900 SW 51ST
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LEVIN, ROBERT E
Address: 32640 DEQUINDRE RD
City-St-Zip: WARREN, MI 48092 US

Title: PSTD () Delete
Name: LEVIN, MICHAEL D
Address: 4900 SW 51ST STREET
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: LEVIN, RALPH
Address: 4900 SW 51ST STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL LEVIN

P

03/25/2007

Electronic Signature of Signing Officer or Director

_____ Date