


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90451 008 ***150.00

DOCUMENT # P94000059023	
1. Entity Name EARTH CLEAN PRODUCTS, INC.	

Principal Place of Business 9221 S.W. 180 STREET MIAMI, FL 33157 US	Mailing Address 9221 S. W. 180 STREET MIAMI, FL 33157 US
---	--

50015219



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0520104	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SHELLEY, NEIL J 9221 S. W. 180 STREET MIAMI, FL 33157	
--	--

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, NEIL 9221 S. W. 180 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:

Neil J. Shelley President

4-21-06

786-282-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
50015219
Division of Corporations

Annual Report

Document Number
P94000059023
Business Entity Name
EARTH CLEAN PRODUCTS, INC.

FEI Number **650520104**
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **9221 S.W. 180 STREET**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33157** **US**

Mailing Address

Address **9221 S. W. 180 STREET**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33157** **US**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **SHELLEY**, **NEIL**, **J**,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **9221 S. W. 180 STREET**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33157** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

50015217
P94000059023

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Neil J. Shelley

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	SHELLEY, NEIL, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	9221 S. W. 180 STREET
City, State	MIAMI, FL
Zip Code & Country	33157, US
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	,
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	,

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

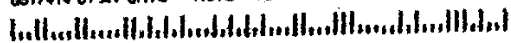
ATTACHMENT

50015219

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

ANNUAL REPORT NOTICE

0517414 01 AV 0.175 **AUTO TS 0 1201 33157-577021



EARTH CLEAN PRODUCTS, INC.
9221 S. W. 180 STREET
MIAMI FL 33157-5770

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING. ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **P94000059023**

EARTH CLEAN PRODUCTS, INC.
9221 S. W. 180 STREET
MIAMI FL 33157-5770

