


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90221 014 ***150.00

DOCUMENT # P96000013261 1. Entity Name HIGH TECH SWEEPING INCORPORATED	
---	---

Principal Place of Business 10279 BOCA CIRCLE NAPLES, FL 33942	Mailing Address 10279 BOCA CIRCLE NAPLES, FL 33942
--	--

50002863



2. Principal Place of Business 5791 10TH AVENUE S.W. Suite, Apt. #, etc.	3. Mailing Address 5791 10TH AVENUE S.W. Suite, Apt. #, etc.
--	--

03012006 Chg-P CR2E034 (11/05)

City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA	4. FEI Number 65-0647578	Applied For Not Applicable
---------------------------------	---------------------------------	-----------------------------	-------------------------------

Zip 34116-3942	Country USA	Zip 34116-3942	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-------------------	----------------	-------------------	----------------	--

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELDIN, JAMES V 10279 BOCA CIRCLE NAPLES, FL 33942		Name Street Address (P.O. Box Number is Not Acceptable) 5791 10TH AVENUE S.W. City NAPLES FL Zip Code 34116-3942	

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 _____ (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	D DELDIN, JAMES V 10279 BOCA CIRCLE NAPLES, FL 33942 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5791 10TH AVENUE S.W. NAPLES, FLORIDA 34116-3942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELDIN, LINDA K 10279 BOCA CIRCLE NAPLES, FL 33942 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5791 10TH AVENUE S.W. NAPLES, FLORIDA 34116-3942
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:  **JAMES V. DELDIN** **3-14-06** **(239) 825-6496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #