

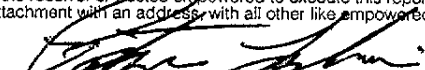


FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000016281 1. Entity Name CLEAN SWEEP & VAC, INC.				Secretary of State		
Principal Place of Business 2829 S.W. CORNELL AVENUE PALM CITY, FL 34990		Mailing Address PO BOX 2149 PALM CITY, FL 34991 US				
DO NOT WRITE IN THIS SPACE						
				03132005 No Chg-P CR2E034 (10/03)		
				4. FEI Number 65-0657063 Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LAUGHLIN, PATRICK 2829 S.W. CORNELL AVENUE PALM CITY, FL 34990				DO NOT WRITE IN THIS SPACE		
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, 2005 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		DO NOT WRITE IN THIS SPACE UN0000266834 03/17/05-80047-025 150.00				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAUGHLIN, PATRICK 2829 SW CORNELL AVE PALM CITY, FL 34990					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAUGHLIN, CYNTHIA T 2829 SW CORNELL AVE PALM CITY, FL 34990					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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:  Patrick Laughlin 3/14/05 772-288-5111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						