2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2006 8:00 am Secretary of State DOCUMENT # P96000095375 03-31-2006 90017 008 ***150.00 PRO-CLEAN CARPET CARE, INC. Principal Place of Business Mailing Address 950-25 BLANDING BLVD 950-25 BLANDING BLVD 50007643 #304 ORANGE PARK, FL 32065-5912 US ORANGE PARK, FL 32065-5912 US 2. Principal Place of Business 3. Mailing Address 03232006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3411435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURTON, ROBERT H 950-23 BLANDING BLVD Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK, FL 32065-5912 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Delete TITLE Change BURTON, ROBERT H NAME NAME 2263 Ryan Rd. Fernandina Beach STREET ADDRESS 950-23 BLANDING BLVD #304 STREET ADDRESS ORANGE PARK, FL 32065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attaching it with an address, with all other like empowered.

FILED