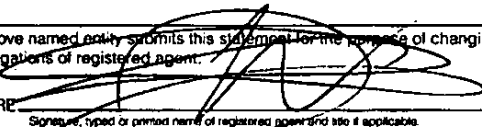


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-26-2007 90059 038 ***150.00

DOCUMENT # P97000004217 1. Entity Name CLEANERS.TV, INC.					
Principal Place of Business 1555 RT 37 WEST UNIT 2 TOMS RIVER, NJ 08755			Mailing Address 1555 RT 37 WEST UNIT 2 TOMS RIVER, NJ 08755		
2. Principal Place of Business - No P.O. Box # 3100 NW Boca Raton Blvd. Suite, Apt. #, etc.		3. Mailing Address 3100 NW Boca Raton Blvd. Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-0734581	
Zip 33431		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMBELL, JOSEPH 875 NW 13TH ST #409 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Campanelli, Joseph Street Address (P.O. Box Number is Not Acceptable) 16 Tam Oshanter Lane City Boca Raton FL Zip Code 33431	
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 re-registering) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PST CAMPANELLI, JOSEPH W 26 CAPTAINS DRIVE TOMS RIVER, NJ 08753 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Campanelli, Joseph 16 Tam Oshanter Lane Boca Raton, FL 33431 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 