2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
02-26-2007 90059 038 ***150.00

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DOCUMENT # P97000004217

1. Entity Name
CLEANERS.TV, INC.

Principal Place of Business	Mailing Address
1555 RT 37 WEST UNIT 2 TOMS RIVER, NJ 08755	1555 RT 37 WEST UNIT 2 TOMS RIVER, NJ 08755

01272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3100 NW Boca Raton Blvd.	3100 NW Boca Raton Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. FEI Number: 65-0734581 ☐ Applied For ☐ Not Applicable

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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: