

2005 FOR PROFIT CORPORATION, AMENDED ANNUAL REPORT

T. Roberts MAY 05 2005

FILED

05 MAY -2 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000018664 1. Entity Name THE ULTIMATE CLEANING CREW, INC.					
Principal Place of Business 915 GATESHEAD COURT KISSIMMEE, FL 34758			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 844 San Pedro Court Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State		4. FEI Number 59-3429831	
Zip 34758		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSBORNE, KIMBERLY 915 GATESHEAD COURT KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent Name Peggy Baran Street Address (P.O. Box Number is Not Acceptable) 844 San Pedro Court City Kissimmee, FL Zip Code 34758		
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 <u>Peggy Baran</u> DATE <u>4/22/05</u> <small>Signature, block or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	PD OSBORNE, KIMBERLEY <input checked="" type="checkbox"/> Delete 915 GATESHEAD COURT KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100054232221 05/10/05--01094--004 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BARAN, PEGGY A <input type="checkbox"/> Delete 844 SAN PEDRO COURT KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSBORNE, JONATHAN <input checked="" type="checkbox"/> Delete 915 GATESHEAD COURT KISSIMMEE, FL 34758		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	VTD Ronald A. Baran <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 844 San Pedro Court Kissimmee, FL 34758	
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 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: <u>Peggy Baran</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/22/05 407-846-1633 <small>Date Daytime Phone #</small>		