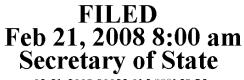
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)



1. Enlity Name TIDY SWEEP OF GAINESVILLE FL INC.				02-21-2008 90022 015 ***158.75
Principal Place of Business 5121 NW 89TH AVE STE A GAINESVILLE FL 32606		Mailing Address PMB 181 P.O. BOX 147050 GAINSVILLE FL 30614	4-7050	
2. Principal Place of Business - No P O. Box #		x # 3. Mailing Address		
Suite, Apl. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number 65-0015742 Applied For Not Applied be
Zip	Country	Ζφ	Country	Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent
			Namo	The state of the s
EDINGER, GARY 305 NE 1ST ST. GAINESVILLE FL 32601				Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
Atter May 1: 2008 Fee Will Be 5550 Bit 1				9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICE	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D _c . HILTON, LESLIE E 5602 NW 28TH TERR. GAINESVILLE FL 32653	Lesie Hilton 4930 NE 73rd Ave. Gainesville, FL 32609-1538	TITLE NAME STREET ADORESS CITY-ST-ZIP	Leslie Hilton 4930 NE 73rd Ave. Gainesville, FL 32609-1538
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oalele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Daiete	TITLE - NAME STREET ADDRESS OITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAME STHEET ADDRESS OTTY-ST-ZIP	☐ Change ☐ Addition
TIVLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS OTTY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this tap. Tor 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 of the previous first exercise 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: