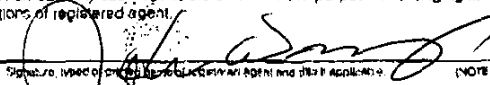
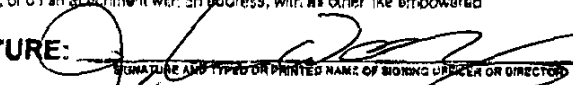


06/15/2006 13:50 7275484407

PINELLAS T:

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90001 025 ***150.00

DOCUMENT # P98000044835			
1. Entity Name MAXCARE CLEANERS, INC.			
Principal Place of Business 11325 STARKEY ROAD LARGO, FL 33773		Mailing Address 11325 STARKEY ROAD LARGO, FL 33773	
2. Principal Place of Business		3. Mailing Address 1909 HARDING ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLAREMONT FL	
Zip	Country	Zip	Country
33765	USA	33765	USA
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WANG, JOHN C 11325 STARKEY ROAD LARGO, FL 33773		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 6/26/06	
FILE NOW! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 807.133(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D WANG, JOHN C 11325 STARKEY ROAD LARGO, FL 33773	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
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 807, 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: 		DATE 6/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	