

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90355 038 ***158.75

DOCUMENT # P98000080927		
1. Entity Name DIVERSIFIED CLEANING, INC.		

Principal Place of Business PO BOX 1904 MELBOURNE, FL 32901	Mailing Address PO BOX 1904 MELBOURNE, FL 32901
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2. Principal Place of Business 3361 Deer Lakes Dr Suite, Apt. #, etc. Melb FL 32940	3. Mailing Address PO Box 411805 Suite, Apt. #, etc. Melb FL
City & State 32941-1805	City & State 32941-1805
Zip	Zip
Country US	Country US

6. Name and Address of Current Registered Agent KLASSEN, CATHY M 157 PALM CIRCLE MELBOURNE, FL 32940

04212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3537387	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Cathy M Klassen Street Address (P.O. Box Number is Not Acceptable) 3361 Deer Lakes Dr City Melb FL 32940	
City FL	Zip Code

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 Cathy Klassen (President) DATE 4-20-05
(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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLASSEN, CATHY M 157 PALM CIRCLE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cathy M Klassen 3361 Deer Lakes Dr Melb FL 32940 (President)	<input checked="" 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
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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: Cathy Klassen President DATE 4-20-05 (321-720-7752)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #