


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 024 ***158.75

DOCUMENT # P98000080927					
1. Entity Name DIVERSIFIED CLEANING, INC.					
Principal Place of Business 3361-DEERLAKES DRIVE MELBOURNE, FL 32940			Mailing Address PO BOX 411805 MELBOURNE, FL 32941-1805		
2. Principal Place of Business 1747 Auburn Lakes Dr Suite, Apt. #, etc. Rockledge FL 32955			3. Mailing Address Same		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3537387	
	US			Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLASSEN, CATHY M 3361-DEER LAKES DRIVE MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Cathy M Klassen Street Address (P.O. Box Number is Not Acceptable) 1747 Auburn Lakes Dr Rockledge FL 32955 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 M Klassen (P)				DATE 4-28-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				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	P MKLASSEN, CATHY 3361-DEER LAKES DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cathy M Klassen 1747 Auburn Lakes Dr Rockledge FL 32955	<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 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: Cathy M Klassen (P)			4-28-06 321-720-7752		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		