2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 20, 2006 08:00 AN DOCUMENT # P98000089612 1. Entity Name **Secretary of State** LOVE TO CLEAN, INC. Principal Place of Business Mailing Address 14421 JEFFERSON STREET MIAMI FL 33176 14421 JEFFERSON STREET MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0870872 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNARD, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 16201 SW 95 AVE., STE 109 MIAMI FL 33157 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete BBF ☐ Change ☐ Addibi LOVE, EVA J NAME U00000519723 05/02/06-80065-023 150.00 STREET ADDRESS 14421 JEFFERSON STREET STREET ADDRESS CITY+ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete SD TITLE ☐ Change ☐ Addiss TIMBERS, ROCHELLE NAME NAME STREET ADDRESS 10855 SW 154 TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addin TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change Action NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP THEF Delete TITLE ☐ Change ⊟ Àde∵ NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE

4/18/06 305-235-8135