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~~AMENDED~~  
**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

<b>DOCUMENT # P99000040422</b> 1. Entity Name <b>DRYFAST CLEANING AND RESTORATION, INC.</b>	
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**FILED**  
**06 JUN 23 PM 2: 55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>670 CHERRY ST WINTER PARK FL 32789</b>	Mailing Address <b>670 CHERRY ST WINTER PARK FL 32789</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>670 Cherry St</b> City & State <b>Winter Park FL</b> Zip <b>32789</b> Country <b>Orange</b>	3. Mailing Address Suite, Apt. #, etc. <b>Same</b> City & State <b>Same</b> Zip <b>Same</b> Country <b>Same</b>	4. FEI Number <b>59-3574800</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>DINGER, FINDLAY J 2515 INDIAN RIVER DR COCOA FL 32922</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 *Findlay Dinger* (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES DINGER, FINDLAY J 2515 INDIAN RIVER DR COCOA FL 32922</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Dinger Carrie 2515 Indian River Dr Cocoa, FL 32922</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PATRICK, MIKE 8607 VERIDIAN ORLANDO FL 32810</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500076210275 06/15/06--01008--001 **200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><i>[Signature]</i></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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 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 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: *Findlay Dinger* *6/15/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #