
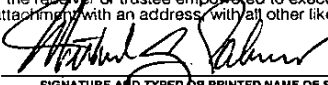


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90031 005 \*\*\*150.00

<b>DOCUMENT # P99000104585</b> 1. Entity Name <b>CLEAN AS A WHISTLE STRUCTURE CLEANING SYSTEMS, INC.</b>			
Principal Place of Business <b>8607 SHADY GLEN DR ORLANDO, FL 32819</b>		Mailing Address <b>8607 SHADY GLEN DR ORLANDO, FL 32819</b>	
2. Principal Place of Business <b>3401 GLOSSY LEAF LANE</b>		3. Mailing Address <b>3401 GLOSSY LEAF LANE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>CLERMONT, FL</b>		City & State <b>CLERMONT, FL</b>	
Zip <b>34711</b>		Zip <b>34711</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-3611235</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PALERMO, MICHAEL 8607 SHADY GLEN DR ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3401 GLOSSY LEAF LANE</b> City <b>CLERMONT, FL</b>	
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.		Zip Code <b>34711</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PALERMO, MICHAEL 8607 SHADY GLEN DR ORLANDO, FL 32819	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALERMO, MICHAEL J JR. 8607 SHADY GLEN DR ORLANDO, FL 32819	<input type="checkbox"/> Delete	3401 GLOSSY LEAF LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALERMO, ROSE MARIE 8607 SHADY GLEN DR ORLANDO, FL 32819	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 GLOSSY LEAF LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 GLOSSY LEAF LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 GLOSSY LEAF LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE:</b> 		407-342-9020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	