2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 831049

Entity Name: LE CLAR ENTERPRISES, INC.

Current Principal Place of Business:

333 CAMINO GARDENS BLVD.
SUITE 200
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

333 CAMINO GARDENS BLVD.
SUITE 200
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 31-0714623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, JEFFREY A
2840 NE 26TH PL
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

COLEMAN, T. SCOTT
333 CAMINO GARDENS BLVD.
STE. 200
BOCA RATON, FL 33432 US

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.

SIGNATURE: T. SCOTT COLEMAN 04/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLEMAN, T SCOTT
Address: 18316 LONG LAKE DRIVE
City-St-Zip: BOCA RATON, FL US

Title: PD (X) Delete
Name: COLEMAN, JEFFREY A
Address: 2840 NE 26TH PL
City-St-Zip: FT LAUDERDALE, FL 33306

Title: V (X) Delete
Name: COLEMAN, BARBARA J.
Address: 2200 S. OCEAN LANE APT 2410
City-St-Zip: FORT LAUDERDALE, FL

Title: STD (X) Delete
Name: COLEMAN, ASTRID S
Address: 2840 NE 26 PL
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COLEMAN, T SCOTT
Address: 333 CAMINO GARDENS BLVD., STE. 200
City-St-Zip: BOCA RATON, FL 33432 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. SCOTT COLEMAN D 04/13/2009
Electronic Signature of Signing Officer or Director Date