## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M76673

Entity Name: CLOSET TAMERS, INC.

FILED Apr 24, 2009 Secretary of State

| Littly Nai                                    | ile. CLOSET               | TAMERS, INC.                   |                                              |                                  |                                                                                 |  |
|-----------------------------------------------|---------------------------|--------------------------------|----------------------------------------------|----------------------------------|---------------------------------------------------------------------------------|--|
| Current Principal Place of Business:          |                           |                                | New Princ                                    | New Principal Place of Business: |                                                                                 |  |
|                                               | CONE TRAIL<br>BEACH, FL 3 | 2074                           |                                              |                                  |                                                                                 |  |
| Current Mailing Address:                      |                           |                                | New Mailing Address:                         |                                  |                                                                                 |  |
| 1201 HAYS                                     |                           | VICE COMPANY<br>01 US          |                                              |                                  |                                                                                 |  |
| FEI Number:                                   | 65-0088621                | FEI Number Applied For ( )     | FEI Number Not App                           | licable ( )                      | Certificate of Status Desired ( )                                               |  |
| Name and Address of Current Registered Agent: |                           |                                | Name and Address of New Registered Agent:    |                                  |                                                                                 |  |
| 1201 HAYS<br>TALLAHAS<br>The above            | S STREET<br>SSEE, FL 3231 |                                | ourpose of changing i                        | ts registered                    | office or registered agent, or both,                                            |  |
| SIGNATUR                                      | ?F∙                       |                                |                                              |                                  |                                                                                 |  |
| 0.014/ (101                                   |                           | ic Signature of Registered Age | ent                                          |                                  | Date                                                                            |  |
| Election Car                                  | npaign Financin           | g Trust Fund Contribution ( ). |                                              |                                  |                                                                                 |  |
| OFFICERS AND DIRECTORS:                       |                           |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                  |                                                                                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ROGERS, STE               | N AVE. W. SUITE 108            | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ROGERS, ST<br>5397 EGLINT        | (X) Change ()Addition<br>EVEN S<br>ON AVE. W. SUITE 108<br>ANADA, ON M9C 5K6    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CLEMENTS, PA              | N AVE. WEST, SUITE 108         | Title:<br>Name:<br>Address:<br>City-St-Zip:  | CLEMENTS,<br>5397 EGLINT         | (X) Change ()Addition<br>PAUL W<br>ON AVE. WEST, SUITE 108<br>ANADA, ON M9C 5K6 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VAN DER BUR               | TURAL CENTER DR SUITE 310      | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                                | ( ) Change( ) Addition                                                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | FRIEDRICHSE               | EET, SUITE 4000                | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ROY, KEVIN<br>5397 EGLINT        | (X) Change ()Addition<br>ON AVE. WEST, SUITE 108<br>ANADA, ON M9C 5K6           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | COOKE, DOUG               | EET, SUITE 4000                | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                                | ( ) Change ( ) Addition                                                         |  |

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: PAUL W CLEMENTS SEC 04/24/2009