

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

00074320

<b>DOCUMENT # M76673</b>			
1. Entity Name <b>CLOSET TAMERS, INC.</b>			
Principal Place of Business 1130 S NOVA RD ORMOND BEACH, FL 32174		Mailing Address 1130 S NOVA RD ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		<i>1/6 Ferrante &amp; Associates</i>	
City & State		<i>126 Prospect Street</i>	
City & State		City & State	
<i>Cambridge, MA</i>		<i>Cambridge, MA</i>	
Zip		Zip	
<i>02139</i>		<i>02139</i>	
Country		Country	
<i>USA</i>		<i>USA</i>	
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number <b>65-0088621</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERBE, JR., JOSEPH B. 6 COBBLESTONE TRAIL ORMOND BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ID Steven S. Rogers 5397 Eglinton Ave. W., Suite 108 Etobicoke, ONTARIO M9C 5K6 CANADA
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERBE, SHERRY A. 6 COBBLESTONE TRAIL ORMOND BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Paul W. Clements 5397 Eglinton Ave. West, Suite 108 Etobicoke, ONTARIO M9C 5K6 Canada
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andrew Van der Burgt 1130 South Nova Road Ormond Beach, FL 32174
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<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.			
SIGNATURE: <i>P Clements Paul Clements</i>		Date: <i>Mar 28/03</i> Depute Phone #: <i>416 620 9933</i>	

CFR2034 (10/02)