

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004664

FILED
Apr 02, 2008
Secretary of State

Entity Name: CLEAR BLUE DEBT SOLUTIONS, INC.

Current Principal Place of Business:

5100 SOUTH CLEVELAND AVE., SUITE 318
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5100 SOUTH CLEVELAND AVE., SUITE 318
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-8737013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEEGARDIN, ALAN
C/O FLORIDA & OFFSHORE BUSINESS FORMATION,
20 S. BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

FLORIDA BUSINESS FORMATION, INC.
20 S. BROAD STREET
BROOKSVILLE, FL 34601 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: JOHN DUNBAR

04/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, LINDA K
Address: 8206 ROCKVILLE ROAD, SUITE 189
City-St-Zip: INDIANAPOLIS, IN 46214

Title: VPD () Delete
Name: AMMON, LINDA K
Address: 5100 SOUTH CLEVELAND AVE., SUITE 318
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: AMMON, EDWARD R
Address: 5100 SOUTH CLEVELAND AVE., SUITE 318
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA AMMON

VPD

04/02/2008

Electronic Signature of Signing Officer or Director

Date