

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029108

Entity Name: CLAW CONSULTING, INC.

FILED
Jul 12, 2006
Secretary of State

Current Principal Place of Business:

5103 NW 35TH STREET
D602
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

1863 NW 141 AVENUE
PEMBROKE PINES, FL 33028

Current Mailing Address:

1863 NW 141 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 56-2327993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, LAWRENCE D
1863 NW 141 AVENUE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAWRENCE, CHRISTOPHER D
Address: 1863 NW 141 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER D. LAWRENCE

DP

07/12/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date