2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P03000121111

Entity Name: CLPA INC.

Current Principal Place of Business:

8629 PHILIPS HWY
#4
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7 ECHO SANDS PL
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-0347708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIMBLE, DAVID
8629 PHILLIPS HWY #4
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PASTORI, TOM
Address: 7 ECHO SANDS PL
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete
Name: CORDY, RON
Address: 8629 PHILLIPS JWY
City-St-Zip: JACKSONVILLE, FL

Title: S (X) Delete
Name: SPOHN, THEODORE
Address: 8629 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL

Title: TRES (X) Delete
Name: KIMBLE, DAVID V
Address: 8629 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KIMBLE, DAVID
Address: 4121 HIDDEN ACRE
City-St-Zip: JACKSONVILLE, FL 32068

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: TOM PASTORI PRES 01/08/2008

Electronic Signature of Signing Officer or Director — Date