2007 FOR PROFIT CORPORATION ANNUAL REPORT -

Mar 19, 2007 08:00 AM DOCUMENT # P05000114652 **Secretary of State** 1. Entity Name CLEGG INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 7135 STATE RD 52 7135 STATE RD 52 HUDSON, FL 34667 HUDSON, FL 34667 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3327496 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLEGG, RANDY H DO NOT WRITE 7523 JASMINE BLVD PORT RICHEY, FL 34668 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable 0000000671219 9. Election Campaign Financing \$5.00 May Be 03/28/07-80021-003 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DΘ CLEGG, RANDY H NAME STREET ADDRESS 7523 JASMINE BLVD CITY+ST-ZIP PORT RICHEY, FL 34668 VST TITLE CLEGG, THERESA L NAME STREET ADDRESS 7523 JASMINE BLVD CITY-ST-ZIP PORT RICHEY, FL 34668 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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:

City-St-ZiP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-14-07 727-868-9767

Daytime Phone #

FILED