2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038783

Name:

Address:

City-St-Zip:

200 HARBOR DRIVE, #1101

SAN DIEGO, CA 92101

Entity Name: CLEVER PRODUCTS, LLC

FILED May 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5369 NORTH HIATUS ROAD SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 5369 NORTH HIATUS ROAD SUNRISE, FL 33351 FEI Number: 51-0489401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILL, MARLON A ESQ. 200 S. BISCAYNE BLVD., SUITE 2680 MIAMI, FL 331315335 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SHUSTER, LESLEY Name: Name: Address: 4717 NW 67TH AVENUE Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KEISHA MOCK YEN, Name: Address: 4717 NW 67TH AVENUE Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition ZATT, DANDE E Name: Name: 200 HARBOR DRIVE, #1101 Address: Address: City-St-Zip: SAN DIEGO, CA 92101 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition BATHFIELD, DOMINIQUE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: KEISHA MOCK YEN **MGRM** 05/03/2005