2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#831049

Address:

City-St-Zip:

2840 NE 26 PL

FORT LAUDERDALE, FL 33306

Entity Name: LE CLAR ENTERPRISES, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
2840 NE 2	26 PL	333 W. CAMINO GARDENS BLVD.
FORT LAU	JDERDALE, FL 33306 US	SUITE 200 BOCA RATON, FL 33432 US
Current Mailing Address:		New Mailing Address:
2840 NE 26 PL		333 W. CAMINO GARDENS BLVD.
FORT LAU	JDERDALE, FL 33306 US	SUITE 200 BOCA RATON, FL 33432 US
FEI Number	: 31-0714623 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
2840 NE 2	N, JEFFREY A 26TH PL ERDALE, FL 33306 US	
	e named entity submits this statement for the pu e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered Ager	nt Date
Election Ca	mpaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title:	D () Delete	Title: D (X) Change () Addition
Name:	COLEMAN, T SCOTT,	Name: COLEMAN, T SCOTT,
Address: City-St-Zip:	18316 LONG LAKE DRIVE BOCA RATON, FL 00000,	Address: 18316 LONG LAKE DRIVE City-St-Zip: BOCA RATON, FL US
Title:	PD () Delete	Title: () Change () Addition
Name:	COLEMAN, JEFFREY A,	Name:
Address: City-St-Zip:	2840 NE 26TH PL FT LAUDERDALE, FL 33306	Address: City-St-Zip:
Title:	V () Delete	Title: () Change () Addition
Name:	COLEMAN, BARBARA J.	Name:
Address: City-St-Zip:	2200 S. OCEAN LANE APT 2410 FORT LAUDERDALE, FL	Address: City-St-Zip:
Title: Name:	STD () Delete COLEMAN, ASTRID S	Title: () Change () Addition Name:

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.

Address:

City-St-Zip:

SIGNATURE: T. SCOTT COLEMAN D 01/17/2006