2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 12, 2008
Secretary of State

DOCUMENT# P02000030992

Entity Name: CLERTECH.COM, INC.

Current Principal Place of Business:

3500 N STATE ROAD 7
LAUDEDALE LAKES, FL 33319

New Principal Place of Business:

1844 N NOB HILL RD
SUITE 616
PLANTATION, FL 33322

Current Mailing Address:

3500 N STATE ROAD 7
LAUDEDALE LAKES, FL 33319

New Mailing Address:

1844 N NOB HILL RD
SUITE 616
PLANTATION, FL 33322

FEI Number: 30-0080098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLERTECH GROUP,INC
1844 N NOB HILL RD
SUITE 616
PLANTATION, FL 33322 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: MANETIRONY CLERVRAIN 10/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: CLERVRAIN, MANETIRONY
Address: 3500 N STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP ( ) Delete
Name: CLERVRAIN, ROODE A
Address: 3500 N STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D (X) Delete
Name: ACHILLE, LEON T
Address: 4042 SW 69TH TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Delete
Name: MICHAUD, GUSTAVE M
Address: 276 BENSON STREET
City-St-Zip: NAPLES, FL 34113

Title: D (X) Delete
Name: GUILLAUME, MICHEL
Address: 12525 NE 13TH AVE
City-St-Zip: NORTH MIAMI, FL 33161

Title: D (X) Delete
Name: CADET, PROVIDENCE
Address: 4154 NW 12TH TERRACE
City-St-Zip: FORT LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: CLERVRAIN, MANETIRONY
Address: 1844 N NOB HILL RD
City-St-Zip: PLANTATION, FL 33322

Title: VP (X) Change ( ) Addition
Name: CLERVRAIN, ROODE A
Address: 1844 N NOB HILL RD
City-St-Zip: PLANTATION, FL 33322

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

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

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: MANETIRONY CLERVRAIN CEO 10/12/2008
Electronic Signature of Signing Officer or Director Date