

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 129072

FILED
Jan 25, 2007
Secretary of State

Entity Name: THREE TWELVE CLEMATIS CORPORATION

Current Principal Place of Business:

5000 GEORGIA AVE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

P O BOX 18769
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 59-0481785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, JR., M. POPE
5000 GEORGIA AVE.
WEST PALM BEACH, FL 33405 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: PD () Delete
Name: ANTHONY, JR., M. POPE MR
Address: 5000 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: ANTHONY, BONNIE MS
Address: 5000 GEORGIA AVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DVP () Delete
Name: DAVIS, HOLDEN MS
Address: 5000 GEORGIA AVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DTS () Delete
Name: BARRY, ARCHER MS
Address: 5000 GEORGIA AVE
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ARCHER A BARRY

ST

01/25/2007

Electronic Signature of Signing Officer or Director

Date