
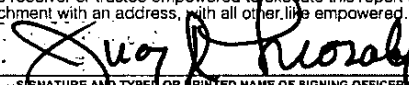


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90079 047 \*\*\*150.00

<b>DOCUMENT # 146383</b> 1. Entity Name <b>THE CLOISTERS CORPORATION</b>					
Principal Place of Business <b>1750 UNIVERSITY DR SUITE 205 POMPAÑO BEACH, FL 33071</b>			Mailing Address <b>1750 UNIVERSITY DR SUITE 205 POMPAÑO BEACH, FL 33071</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip			
4. FEI Number <b>59-0682643</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DR 205 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MASSOP, LINCOLN</b> <b>291 SPENCER AVE</b> <b>EAST GREENWICH, RI 02818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MASSOP</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KINDER, ROBERT</b> <b>65 LEDGE ROAD</b> <b>JAMESTOWN, RI 02835</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>Ed Smith</b> <b>1420 S. Ocean Blvd #FA</b> <b>Pompano Beach, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HOUSTON, WILLIAM J.</b> <b>1420 SO. OCEAN BLVD. #511</b> <b>POMPAÑO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <b>Betty Kinder</b> <b>65 Ledge Rd</b> <b>Jamestown, RI 02835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Juan Morales</b> <b>1420 S. Ocean Blvd #5-6</b> <b>Pompano Beach, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Lisa Triana</b> <b>11500 NW 10 Pl.</b> <b>Plantation, FL 33325</b>	
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>2/10/06</b> Daytime Phone #: <b>954-784-8417</b>		