2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 146383

Entity Name: THE CLOISTERS CORPORATION

Current Principal Place of Business:

1750 UNIVERSITY DR
SUITE 205
POMPANO BEACH, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DR
SUITE 205
POMPANO BEACH, FL 33071

New Mailing Address:

FEI Number: 59-0682643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNVERSITY DR
205
CORAL SPRINGS, FL 33065 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: VPD ( ) Delete
Name: MOSSOP, LINCOLN
Address: 291 SPENCER AVE
City-St-Zip: EAST GREENWICH, RI 02818

Title: PD ( ) Delete
Name: SMITH, EDWARD
Address: 1420 SOUTH OCEAN BOULEVARD SUITE F-9
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete
Name: KINDER, BETTY
Address: 65 LEDGE ROAD
City-St-Zip: JAMESTOWN, RI 02835

Title: T ( ) Delete
Name: MORALES, JUAN
Address: 1420 SOUTH OCEAN BLVD., SUITE S-6
City-St-Zip: POMPANO BEACH, FL 33071

Title: D ( ) Delete
Name: SUPRENAUT, AL
Address: 262 BRIDGE STREET
City-St-Zip: OSTERVILLE, MA 02655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: NOTO, NICK
Address: 6 BOULDERW WAY
City-St-Zip: HAUPPAUGE, NY 11788

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

Title: SD (X) Change ( ) Addition
Name: SUPRENAUT, AL
Address: 262 BRIDGE STREET
City-St-Zip: OSTERVILLE, MA 02655

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: ED SMITH P 01/17/2009

Electronic Signature of Signing Officer or Director — Date