
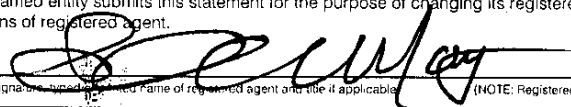
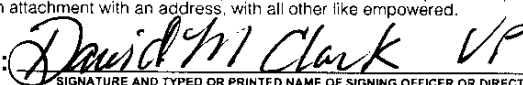


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90186 037 \*\*\*150.00

<b>DOCUMENT # 531986</b> 1. Entity Name <b>CLARK COMMERCIAL ENTERPRISES, INC.</b>					
Principal Place of Business <b>13770 58TH ST N STE 304 CLEARWATER, FL 33763-3117</b>			Mailing Address <b>13770 58TH ST. N. SUITE 304 CLEARWATER, FL 33760</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SKALSKI, JOSEPH C ESQ</b> <b>13770 58TH ST. N.</b> <b>SUITE 304</b> <b>CLEARWATER, FL 33760</b>				Name <b>Stephen A. Macy</b> Street Address (P.O. Box Number is Not Acceptable) <b>13770 58th St N</b> <b>Ste 304</b> City <b>Clearwater</b> <b>FL</b> Zip <b>33760</b>	
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  DATE <b>4/25/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLARK, GEORGE C SR</b> <b>13770 58TH ST N STE 301</b> <b>CLEARWATER, FL 33760</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CLARK, MARSHA</b> <b>2321 HARN BLVD</b> <b>CLEARWATER, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CLARK, MARSHA</b> <b>703 Knollwood Drive</b> <b>Largo, FL 33770</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLARK, DAVID M</b> <b>2321 HARN BLVD</b> <b>CLEARWATER, FL 33764</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLARK, David</b> <b>703 Knollwood Drive</b> <b>Largo, FL 33770</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, CURTIS M</b> <b>2290 ESATVIEW CIRCLE</b> <b>CORVALLIS, OR 97330</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, NANCY R</b> <b>220 GREENVILLE AVE N.</b> <b>SAINT PETERSBURG, FL 33703</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-26-06</b> Daytime Phone # <b>727-793-5333</b>		