


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90017 013 ****61.25

DOCUMENT # 732852	
1. Entity Name CLIPPER PIONEERS, INC.	

Principal Place of Business 43 WESTLEDGE CIRCLE TORRINGTON, CT 06790	Mailing Address PO BOX 565 TORRINGTON CT 06790
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2. Principal Place of Business 192 FOURSOME DRIVE Suite, Apt. #, etc.	3. Mailing Address % JERRY HOLMES Suite, Apt. #, etc. 192 FOURSOME DRIVE
City & State SEQUIM WA	City & State SEQUIM WA
Zip 98382	Zip 98382
Country	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent CASSIDY, GERALD W 14530 SW 93 TERRACE MIAMI FL 33186	
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4. FEI Number 59-1905382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERJAD, J RICHARD 43 WESTLEDGE CIRCLE TORRINGTON CT 06790 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERRY HOLMES 192 FOURSOME DRIVE SEQUIM WA 98382 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEFIELD, WILLIAM H 1267 ALGARDI AVE CORAL GABLES FL 33146-1107 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN MINOR 11 SANDPIPER STRAND CORONADO CA 92118-3211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCHER, STUART H 7340 SW 132 ST MIAMI FL 33156-6804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDGAR PERRY 3668 PASCO VISTA FARMOSA RANCHO SANTA FE CA 92091-4092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EISWZER, JOHN L 8803 BURNING TREE RD PENSACOLA FL 32514-5606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRA J. MOORE 11588 VIA RANCHO SANDIEGO APT C1020 RANCHO SAN DIEGO CA 92019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHCRAFT, HOWARD A 601 TIBIDABO CORAL GABLES FL 33143 <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	D DALE, D.E. 8400 SW 80TH PLACE MIAMI FL 33143 <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 Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: **X** *Jerry Holmes* **Jerry Holmes 2-2-06 360 891-0567**