## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 23, 2006 08:00 AN

DOCUMENT # F0000006856  1. Entity Name .CLR DESIGN, INC.				Secretary of State			
121 NORTH 7TH FLOOR	BROAD ST	Mailing Address 121 NORTH BROAD ST 7TH FLOOR PHILADELPHIA, PA 19107			' <b>1</b> 300 <b>0</b> 662 <b>5</b> 200 <b>0</b> 100 <b>01</b>		, 14 <b>4</b> 4 4 <b>4 4</b> 4 4 <b>4</b> 4 4 4 4 4 4 4
C	OO NOT WRITE I	N THIS SPA	CE	01122006 4. FEI Numb 23-262		CR2E034 (1	
	6. Name and Address of Current Reg	stered Agent	_	<u></u>	<del></del>	, , , , ,	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.				th, in the State of Flo		ar with, and accept
FIL After M	Signature, typed or brinled name of registered agent and lift  E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Grappicable (NOTE Register     Grappicable (NOTE Register     Grapping Final Trust Fund Contribution	~ _ ~	i.00 May Be ded to Fees		TDATE '	····
10.	OFFICERS AND DIRE	ECTORS	]		<u> </u>		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PCOS RODGERS, JOHN S 517 SPRUCE ST. PHILADELPHIA, PA 19106						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, GARY H 301 RACE STREET, APT. 111 PHILADELPHIA, PA 19106				OFFICE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	145245 80042-024	1 150.00
TITLE							

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental reporties 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 fother like emptywered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

> SIGNATURE AND TYPED OR PRINTED NAM G OFFICER R DIRECTOR

Dayume Phone #