2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2006 08:00 AM Secretary of State DOCUMENT # F01000002436 1. Entity Name CLIO INVESTMENTS LIMITED, INC. Mailing Address Principal Place of Business 444 BRICKELL AVE., #300 444 BRICKELL AVE., #300 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (11/05) 01202006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1088311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWTON III, WILLIAM H DO NOT WRITE 444 BRICKELL AVE., #300 MIAMI, FL 33131 IN THIS SPACE 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 em lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Ba FILE NOWIII FEE 18 \$150.00 After May 1, 2006 Fee will be \$650.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FIRST EXECUTIVE DIRECTORS, INC. NAME 1401 BRICKELL AVE., #850 STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD FIRST COMPANY DIRECTORS, INC. NAME STREET ADDRESS 1401 BRICKELL AVE., #850 000000517298 05/01/06-80039-009 150.00 CITY-ST-ZIP MIAMI, FL TITLE NAME SYREET ADDRESS DO NOT WRITE CITY-ST-ZIP BITTE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions bontained 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 gath; 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.

NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-73P

SIGNATURE: PIRST COMPANY DIRECTORS INC SIGNATURE AND TYPES OR PRINT

on behalf of

NAME OF SIGNING OFFICER OR DIRECTOR

FILED