## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000002735

Entity Name: CLICKBASE CORPORATION

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1629 RACE SUITE 205	ETRACK ROAL	)					
	VILLE, FL 322	59					
Current Mailing Address:				New Mailing Address:			
138 PALM	COAST PARK	WAY NE		138 PALM (	COAST PARK\	WAY NE	
SUITE 305 PALM COA	, AST, FL 32137	US		SUITE 900 PALM COA	ST, FL 32137	US	
FEI Number:		FEI Number Applied For ( )		ber Not Appli		Certificate of Status Desired	l()
Name and	Address of C	urrent Registered Agent:	ı	Name and	Address of Ne	ew Registered Agent:	
1200 SOUTPLANTATION  The above	ORATION SYS TH PINE ISLAN ON, FL 33324 named entity se of Florida.		urpose of	changing it	s registered off	fice or registered agent, c	or both,
SIGNATUF	RE:						
		c Signature of Registered Ager	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	S AND DIRECT	·OPS·	,	ADDITION	S/CHANGES 1	TO OFFICERS AND DIR	ECTORS:
							LOTORO.
Title: Name: Address: City-St-Zip:	MILLS, WILLIAN	ST PARKWAY NE SUITE 305	1	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HESS, JOSEPH	CK ROAD, SUITE 305	1	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KOMER, THOMA	CK ROAD, SUITE 305	1	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ARNE, INGEBŔI	CK ROAD, SUITE 305	1	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	HERNES, ORJAN	CK ROAD, SUITE 305	

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: WILLIAM H. MILLS DCEO 04/14/2009