

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003434

Entity Name: CLIVUS MULTRUM, INC.

FILED
Mar 17, 2006
Secretary of State

Current Principal Place of Business:

15 UNION ST.
LAWRENCE, MA 01840

New Principal Place of Business:

Current Mailing Address:

15 UNION ST.
LAWRENCE, MA 01840

New Mailing Address:

FEI Number: 13-2750527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, DONALD SR.
617 DORANDO CT.
MARCO ISLAND, FL 33937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: ROCKEFELLER, ABBY A
Address: 15 UNION ST.
City-St-Zip: LAWRENCE, MA 01840

Title: D () Delete
Name: PARTLOW, ANN
Address: 15 UNION ST.
City-St-Zip: LAWRENCE, MA 01840

Title: S () Delete
Name: STRAWBRIDGE, DAVID A
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: T () Delete
Name: CATALDO, RICHARD N
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ABBY ROCKEFELLER

CDP

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date