2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# F03000005065

Entity Name: CLEARCUBE TECHNOLOGY, INC.

Current Principal Place of Business:

8834 N. CAPITAL OF TEXAS HIGHWAY
STE 140
AUSTIN, TX 78759

New Principal Place of Business:

Current Mailing Address:

8834 N. CAPITAL OF TEXAS HIGHWAY
STE 140
AUSTIN, TX 78759

New Mailing Address:

FEI Number: 74-2805278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: V ( ) Delete
Name: HOFFMAN, RICHARD
Address: 8834 N. CAPITAL OF TEXAS HIGHWAY, STE. 140
City-St-Zip: AUSTIN, TX 78759

Title: CD ( ) Delete
Name: MINIHAN, KENNETH
Address: 8834 N CAPITAL OF H HWY STE 140
City-St-Zip: AUSTIN, TX 78759

Title: PCEO ( ) Delete
Name: BOISVERT, CARL
Address: 8834 N. CAPITAL OF TEXAS HIGHWAY, STE. 140
City-St-Zip: AUSTIN, TX 78759

Title: CTO (X) Delete
Name: THORNTON, BARRY
Address: 8834 N. CAPITAL OF TEXAS HIGHWAY, STE. 140
City-St-Zip: AUSTIN, TX 78759

Title: D ( ) Delete
Name: STEARNS, BOB
Address: 8834 N. CAPITAL OF TEXAS HIGHWAY, STE. 140
City-St-Zip: AUSTIN, TX 78759

Title: CFO ( ) Delete
Name: NEVILLE, DONALD
Address: 8834 N CAPTIAL OF TEXAS HWY STE 140
City-St-Zip: AUSTIN, TX 78759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PCEO (X) Change ( ) Addition
Name: COHEN, BRUCE
Address: 8834 N. CAPITAL OF TEXAS HIGHWAY, STE. 140
City-St-Zip: AUSTIN, TX 78759

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 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: DON NEVILLE CFO 04/30/2007

Electronic Signature of Signing Officer or Director — Date