2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003939

Title:

Name:

Address:

City-St-Zip:

FILED Jan 22, 2007 Secretary of State

| Entity Nar | me: CLYDE C | COMPANIES, INC. | | | | | |
|---|--|----------------------------------|-----------------------------------|--|--|------|--|
| Current P | rincipal Place | of Business: | New | New Principal Place of Business: | | | |
| | WHITFIELD S D, CT 06437 | Т. | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | | |
| | WHITFIELD S D, CT 06437 | Т. | | | | | |
| FEI Number: | : 06-1574413 | FEI Number Applied For () | FEI Number N | ot Applicable (|) Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| SECO SOI 2111 34TH LARGO, F | ł WAY | S | | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of chai | nging its regis | stered office or registered agent, or be | oth, | |
| SIGNATUR | RE: | | | | | | |
| | Electro | nic Signature of Registered Ag | ent | | Date | | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | CHALMERS, N | CT. BOTHWELL | Title: Name Addre City-S | ss: 17 LAI | (X) Change () Addition MERS, NICHOLAS NGSIDE CT. BOTHWELL GOW, SC 671 8NS SC | | |
| Title: Name: Address: City-St-Zip: | D (O'CONNELL, F 56 RIVER EDG MADISON, CT | E FARMS | Title: Name Addre City-S | ss: SOUTI | (X) Change () Addition INELL, PETER HMOOR LANE IT HAMPSHIRE, UK PO9 1JJ UK | | |
| Title: Name: Address: City-St-Zip: | D (BLANTON, RAI 18 MONK ROA OLD SAYBROO | D | Title: Name Addre City-S | ss: | () Change () Addition | | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EUGENE CIARLEGLIO ΑT 01/22/2007

() Delete

() Change (X) Addition

CIARLEGLIO, EUGENE A

38 SHEPHERDS TRAIL

MADISON, CT 06443